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THE UNIVERSITY OF ALBERTA

# Therapy with Cancer Patients: A Phenomenological Study

by

Lynda Joline Phillips

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF Master of Education

IN

Counselling Psychology

Department of Educational Psychology

EDMONTON, ALBERTA

Fall, 1986

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(SIGNED) Lynda L. Phillips

PERMANENT ADDRESS:

10217 - 90 Street
Edmonton, Alta.
T5H 1R9

DATED July 30 1986

THE UNIVERSITY OF ALBERTA

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled Therapy with Cancer Patients: A Phenomenological Study submitted by Lynda Joline Phillips in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

.....John O'Roane.....

Supervisor

.....D. E. Jones.....

.....Lorne K. Rowe.....

G B Toane

Date..May 28, 1986.....

## DEDICATION

This thesis is dedicated to my mother,

Joyce Joline Lynda Phillips,

whose love, laughter

and zest for living

enriched the lives of all she knew.

May she rest in peace.

ABSTRACT

The goal of the present research was to explore the experience of forgiveness in group therapy with cancer patients. Five co-researchers participated in six, two and one-half hour therapy sessions with the researcher as well as in unstructured intake and follow-up interviews. The therapy process focused on the expiation of negative feelings and resolution of hurtful issues associated with cancer. The program was called "forgiveness therapy" because of the use of forgiveness to facilitate the release of painful emotions (see Jampolsky, 1983, 1985). Phenomenological methodology was used to describe the meanings of participants' lived-experiences and derive thematic patterns. The personal experience and analysis of that experience for each participant was presented in table form and then discussed. A conjunctive pattern emerged during the analysis. This pattern was manifested differently for each individual. The existential themes of isolation-relationship, life-death, choice-responsibility and meaning-meaninglessness were issues for all participants. The process of forgiving involved a struggle with intense negative emotions and an enhanced sense of self-other awareness. The findings of this research suggest that forgiveness is a long process and not simply a "release" as it is suggested in the literature and previous research (e.g., Jampolsky, 1985; Simonton, Simonton & Creighton, 1978); however insofar as the experience was

transformational and peace-generating, the findings support the literature. Continued usage of forgiveness in therapy was recommended by all participants as well as by the present researcher.

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They say you find out who your friends are when the going gets tough! Thank you Cheryl.

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# I. Introduction and Review of the Literature

## A. Synopsis

The purpose of this study was to phenomenologically investigate the nature of the lived-experience of cancer patients involved in a specific therapeutic program called "forgiveness therapy." The objective of the program was to facilitate the process of forgiving to remove blocks to a life affirming attitude and thereby attempt to improve the quality of life. There is substantial evidence which suggests that releasing resentments, grievances and/or negative feeling states through forgiveness does heal hurtful attitudes and promote spiritual growth (Jampolsky, 1985, 1983; Moss, 1981; Siegel & Siegel, 1984; Hogben, 1984), yet there is no published study which inquires into the experience of forgiving in terms of its therapeutic value for cancer patients.

## B. Overview

Chapter One reviews literature which contains the theoretical/conceptual framework from which to view the therapeutic value of forgiveness from a holistic perspective. It begins with a presentation of the assumptions of the "biomedical" and "holistic" approaches to medicine which provides a basis for discussing psychotherapeutic research involving cancer patients. A discussion of quality existence follows. Research programs

are then discussed according to their therapeutic intent: physiological healing, attitudinal-spiritual healing, or combinations thereof. Arguments are presented in favor of the attitudinal-spiritual programs because of their inherent intent to enhance rather than extend life. The concept of forgiving as a means of attitudinal-spiritual healing is then reviewed. Relaxation, visualization and affirmations are then discussed as techniques to facilitate forgiveness. The chapter concludes with a summary and explanation of the contribution this study will make.

Chapter Two discusses the philosophical assumptions which underlie natural science and the human science of phenomenology. This is followed by a discussion of the presuppositions with which this study begins.

Chapter Three discusses the application of phenomenological methodology in this research. It describes the overall procedure and the way in which the study and its aims evolved and changed through the processes of gathering and analyzing data.

Chapter Four presents the results (in Table form) and a discussion of the phenomenological analysis.

Chapter Five contains a final discussion in which the therapy process is summarized and characteristics of the experience of therapy are discussed. A discussion of the relationship between the findings of this study and the extant literature and research is presented. Implications for future research and psychotherapy are then discussed.

**C. Definition of Terms**

1. "Forgiveness therapy" - A psychotherapeutic program developed by this author based primarily on the work of Jampolsky (1985, 1983, 1981) designed to facilitate the release of negative feeling states such as resentment, anger, fear and guilt through forgiveness.

2. "Forgiveness" - The process of releasing judgement and removing blocks to the acceptance of death and affirmation of life (Jampolsky, 1983, 1985).

3. "Attitude" - The outlook which determines our psychological experience of situations (Jampolsky, 1983).

4."Attitudinal-spiritual healing" - A form of psychological healing in which hurtful feelings and spiritual lifelessness are transformed into life affirming perspectives which contain personal meaning for living (Jampolsky, 1983, 1985; Hogben, 1984; Siegel & Siegel, 1984).

5. "Relaxation" - Resting of the mind and body (Bresler, 1984).

6. "Visualization" - The use of mental imagery or pictures in the mind's eye to facilitate a process - in this case the process of forgiving.

7. "Affirmation" - A stated or written positive thought that is chosen consciously to achieve a chosen result (Ray, 1981).

8. "Transcendence" - A holistic understanding in which intellect, physionomy, emotions and perceptions coalesce in an existentially meaningful experience (see Osborne, 1985).

**D. Prelude to Literature Review**

Over two thousand years ago, Hippocrates practised a model of health in which the physical body and the psychology of the mind and spirit were understood as an integrated whole. This holistic approach to understanding people has recently re-emerged and provides a framework for viewing disease, health and well being as a holistic phenomenon and as a rationale for the use of a psychological intervention such as forgiveness to facilitate the re-structuring of negative feeling states into more positive feeling states to enhance the meaning and quality of life.

**The Biomedical Model**

The biomedical model is based on the Newtonian paradigm as used in physics and mathematics. It is a mechanistic view which had its origins in the work of the seventeenth century philosopher Descartes who compared the human body to the mechanical robot in Louis XIII's garden (Bloomfield, 1981). The Cartesian (subject-object duality) world view has been critical to the advance of science and technology in medicine. The body is understood as a machine with separate parts which are independent of a mind, a spirit or the world. This understanding has spurred scientific progress in the diagnosis and treatment of disease by reducing the whole person to a number of parts that can be treated separately. Fractionation has indeed been useful and important in understanding components in body health and developing

specific treatments for disease:

> The enormous medical accomplishments, the consistency of results, the reproducibility of findings, the resolution of life threatening disease all derive from the rigorous application of the scientific method . . . (Lown, 1983, p. 12).

In the past century the biomedical model has predominated. The hegemony of the biomedical approach in medicine has, however, subordinated the role of attitudes and feelings to the rigorous application of technology. An exclusively mechanistic view of medicine, based on deterministic causality, does not provide for the notion that all body parts are interrelated with the psyche, the spirit and the world, nor does it take into much account the unique nature of each individual. Modern physicians may work "miracles" in treating disease, but many do little to promote and maintain psychological, spiritual or even physical health. "Contemporary medicine is ever more sharply focused on the disembodied disease rather than the afflicted patient" (Lown, 1983, p. 12).

Longevity is the usual objective of the medical model (Cousins, 1983). Quality of life and sense of well being are often jeopardized. How meaningful is longevity if the quality of life is neglected? For many, longevity prolongs feelings of helplessness, hopelessness - of being trapped and doomed (Cousins, 1983; Jampolsky, 1983, 1985). The holistic approach contrasts with the biomedical, mechanistic

view in that it emphasizes the role of mental, emotional, and often spiritual factors related to illness and healing. It builds up on the contribution of the medical model by not considering sickness as separate from the self (Mehl, 1981; Leonard, 1981).

**The Holistic Model**

The concept of holism stems from the Greek word Holos, meaning whole. The ancient belief that a living thing is more than the sum of its parts is the base for the modern-day holistic approach. The body is seen as a system in which every part interacts with every other part. According to Lewis Mehl (1981), the holistic model is phenomenologically based in that the personal experiences and self perceptions of patients are used as resources in understanding the nature of their health problems and their healing processes. The underlying belief structures are delineated by Mehl (1981):

1. Clients are viewed as active participants in promoting their health. People are capable of responding to life's challenges, including illness.
2. People's lived-experiences are recognized as unique.
3. Life is interactive and constantly changing.
4. The meaningfulness of a person's life is more important than its length.
5. The holistic approach aims to tailor the intervention to the patient rather than apply one intervention to all

patients with the same diagnosis.

6. There is belief in the possibility for the individual transcendence of the biologically determined life cycle and in innate human potential. Teleological thought is a major influence.
7. There is a reliance on process rather than structure. The questions "how" and "what" take precedence over "why."
8. Mind, body and spirit dance in harmony. One does not hold dominion over the others.

Holistic medicine is continually attracting more attention. The American Holistic Medical Association has recently been created and in May, 1979, holistic health was the theme of the American Medical Association meeting.

**Cancer Research from a Holistic Perspective**

Achterberg and Lawlis (1980) have briefly outlined the history of cancer research with a psychological emphasis. It ranges through anecdotal evidence from the early days of medicine (e.g., Galen), through the descriptive analyses of the 1800's (Snow, 1893), to the intuitive and experimental expertise of Lawrence LeShan (1966). Currently, both qualitative and quantitative studies are being conducted in the area. Examples of these studies will be discussed.

Holistically based cancer research can be conceptually divided into three categories:

1. That dealing with the psychological attributes of people

who are diagnosed with cancer (etiological factor).

2. That dealing with cancer site and personality.
3. That dealing with psychological functioning during and after the disease.

Research related to the first and third categories will be reviewed, however, a different categorization schema developed by this author (i.e., physiologically based programs, attitudinal-spiritual programs and combination programs) will be used to classify research according to the intent of its therapy program rather than the concept on which the program is based.

A growing body of literature (e.g., Cousins, 1985, 1983; Simonton, Simonton & Creighton, 1978) and research (e.g., Hall, 1983; Newton, 1983; Sachs, 1980) indicate that people who have cancer tend to be more defensive and suppress emotions, especially anger and resentment. This resentment, turned inward, creates tension and stress - a condition suitable for neither healing nor well being. Dr. W. Greene, University of Rochester psychiatrist, suggests that stress may be a precipitating factor in cancer which may be even more important than heredity (1966). Psychological intervention is based on patient relief of stressors or events or attitudes related to feelings of helplessness, hopelessness and defeat (Achterberg & Lawlis, 1980).

Psychological cancer therapy, however, has emerged with two distinct objectives: one is to prolong life using

techniques to arrest or reverse the disease process - this is the physiological "extend-life approach," the second is to generate more meaning for life and more positive feeling states - this is the "improve quality approach."

With respect to the first objective, Pelletier (1978) clearly explains the necessity of using the mind to facilitate physical healing. The basic assumption is that people believe in their own power to heal and recover. The attitude or belief system which embraces this perspective is not prevalent in our society. Anthropological literature explains that illness was regarded as a symbolic expression of an internal conflict or disturbed relationship (Frank, 1971). In the world view of primitive societies, the group healer's power to help existed because people believed in it and in the natural propensity for the body to regain its lost balance. Primitive healing involved a holistic interplay between patient, healer, group and the world (Leonard, 1981).

The second objective is becoming increasingly important as our society moves along with its technologic and scientific orientation. When people with cancer experience negative feeling states, often associated with their disease, healing of attitudes to facilitate a life lived with meaning and dignity is crucial. Jampolsky (1985, 1983) considers healing to be a psychological (attitudinal-spiritual) process.

There is an overlap between the physiological "extend life" approach and the psychological "improve quality" approach, but there is also a fundamental difference. The difference is inherent in the primary intent of each objective. The overlap exists because the aim of the physiological programs is also to enhance quality - some simply by virtue of extending life to allow the opportunity for greater growth or actualization - however, this is a secondary objective, and the psychological programs make the inference (overtly or covertly) that improved quality enhances prospects of recovery. This thesis presents a case in support of the "improve quality" approach, as a basis for the type of therapeutic program developed, and elaborates on the value of specific components considered helpful, i.e. attitudinal healing and spiritual growth manifested through forgiveness and facilitated through relaxation, visualization and affirmations.

**A Quality Existence**

The many approaches to psychotherapy differ considerably in terms of their basic concepts, philosophical orientations, goals and methods; however all share one implicit assumption: human beings are capable of change (Patterson, 1980). This assumption appears to contain another assumption: the change facilitated by therapy is a movement towards a better quality of life.

A discussion on quality life is a 'big' discussion. There are some similar concepts common to the various theories, whether psychoanalytic, behavioristic, cognitive, humanistic, or existential, which are couched in different language. The following description is not exhaustive; it is funnelled down to include those dimensions of quality which have the potential for enhancement through the therapy program in this study. It uses concepts from cognitive-emotive (e.g., Jampolsky, Ray), humanistic (e.g. Maslow, Rogers), and existential (e.g., Yalom) approaches to psychotherapy:

Definition

People have the propensity to be healthy and live a meaningful life (Maslow, 1962; Ray, 1981). A quality life is one in which the inherent growth tendency, the capacity to work through and resolve problems and the taking of responsibility for one's self and one's life (Rogers, 1951) are being confronted. It is a life open to feelings - both painful and uplifting.

Quality involves the movement towards self-actualization (Maslow, 1962), towards understanding "the full possibilities of being" (Hogben, 1984, p. 44), towards continually developing new horizons, greater insights and more options (Yalom, 1980), and towards an openness to new experiences (Moss, 1981).

Quality includes a sense of situational freedom, for example, freedom to live a meaningful, rich life

with cancer; a sense of personal power and control in one's life (Jampolsky, 1985), an inner or self directedness (Maslow, 1962), and a feeling of excitement about being alive (Ray, 1981).

Jampolsky's attitudinal healing process is a process of enhancing inner life - a life in which people make a conscious choice to journey on a path of love and hope, to alter attitudes to experience peace, love and the joy and harmony contained in each instant, to determine the beliefs by which they live. Because our inner goals (e.g., to forgive) determine our experience, we have power and control in our lives; lives which can be lived in health and happiness. "Forgiveness is the way to true health and happiness" (1983, p. 58).

**E. A Review of Studies**

For purposes of explication the more recent studies are placed into this author's three categories: physiologically based programs, attitudinal-spiritual programs, and combination programs. Consideration of the individual patient's needs and personality as well as the needs and personality of the therapist are important factors when determining the most beneficial approach. I, however, consider the attitudinal-spiritual focus to be most valuable because of the inherent intent to enhance life. This view is justified in detail on pages 21 to 25.

**Physiologically based Programs**

The theory that the mind has the power to heal the physical body has been popularized by people such as Pelletier (1976, 1977, 1979), Green and Green (1977), and Selye (1956).

Pelletier succinctly describes the immunological process: the immune system consists of white blood cells which are based in the lymph system and circulate through the bloodstream. These cells belong to two major classes: lymphocytes - B-cells and T-cells - and phagocytes. In general, the job of lymphocytes is to recognize invaders, to multiply in numbers and to generate chemicals, such as the antibodies produced by B-cells, that neutralize or destroy antigens. Phagocytes then finish off their destruction.

Seyle's work on the endocrine response to stress clearly indicates that the central nervous system is involved in the immune system and supports a psychological influence on the body's defense mechanism.

The Green's (from the Menninger Foundation in Kansas) use the relaxation response for autogenic training and biofeedback to re-establish the body's vital balance - to heal the physical body by using the brain to activate natural forces for healing.

Relaxation and visualization, used primarily for the purpose of enhancing the body's immune mechanisms to suppress tumor growth, have been used in most studies emanating from the theory that the mind can heal the body.

Hall (1983) hypothesized that immune functioning could be increased under control conditions. He put his subjects into a deep state of relaxation and asked them to visualize their white blood cells. Blood samples, to record lymphocyte functioning were taken before and one hour after the procedure for a one week period. His study suggests that relaxation and visualization activate the mind to produce an increase in immune function for certain individuals. Younger people (between 22 and 40) showed a greater, statistically significant, increase in immune functioning between baseline and one week measures than older people. Hall postulates that relaxation was probably not solely responsible for the observed increase in immune functioning. He considers visualization to have been necessary. The value of relaxation and visualization as an aid to physiological healing is well supported by Hall's study. He did not however: a) include any psychological measures of how the individual actually felt, b) investigate the effect of a decrease or unsatisfactory increase in immune functioning on the psychological well-being of the individual, c) follow up to see whether constant visualization is needed to continually boost the immune system.

Simonton and Simonton (1975) had their patients relax and then visualize their immune system's white blood cells destroying cancer cells like sharks attacking meat. Patient's were then encouraged to develop other images on the same theme. They noted that the relaxation/visualization

process enhanced the immune system. This study was however very loosely controlled. Sampling bias, plus lack of any measure of individual differences in quality and intensity of mental imagery make the validity of the results doubtful. Also, there was no psychological measure of the nature of the prevailing belief system or attitude which may have affected the outcome of the intervention.

Sachs (1980) used relaxation and visualization to have her clients visualize their tumors, from either a diagram or symbolic form, to deny them nutrition, and imagine them shrinking into nothingness. Some success ensued in terms of reducing tumor size.

The successful use of visualization to induce regression of tumors and facilitate recovery is certainly important in advancing understanding of and belief in the role of the mind in physiological healing. However, not all people recover. There are dangers in holding patients responsible for their own cures. According to Gardner and Lubner (1983) many people who are ill already have a tendency towards irrational self-blame. It is encumbent on us, as therapists or researchers, to be cautious and ensure that we do not augment this attitude. It would seem better to use relaxation and visualization in connection with physiology for purposes of easing discomfort and controlling side effects of cancer treatments. Less psychological vulnerability is at stake. Diminishing pain and medication (Margolis, 1982-83; Oleness, 1981), controlling nausea and

vomiting (Rosenberg, 1983), and reducing stress (Wain, 1983) are areas in which psychological intervention is effective with a minimum of self-blame attributed to failure.

**Combined Programs**

With the growing awareness that quality of life becomes increasingly important as survival time lengthens, psychological interventions are becoming increasingly inclusive of techniques to improve quality. These combined physiological-attitudinal programs still contain the primary view to increase the length of life and base their interventions on the assumption that in order for patients to assume responsibility for their recovery, they must assume responsibility for their disease.

Wilhelm Reich postulated that cancer was the result of blocked sexual energy. Reich used bioenergetic therapy to trigger natural energy to work for recovery and improved sexual functioning (Achterberg & Lawlis, 1981).

Norman Cousins (1981, 1983) addresses the problems of panic, helplessness, and loss of will to live. His theory that attitudes and emotions can bring on disease as well as improve prospects of recovery is the basis for his belief that people can replace fear and forebodings with confidence, joy, a sense of purpose and a will to live. Research into the biochemistry of emotions has indicated that hormonal flow, heart functions, blood vessels, and the immune system are altered by emotional states such as panic,

fear, depression and anxiety. The antidote, positive emotions, are believed to yield the biochemistry which protects health and heals the body in illness. The means toward attaining a positive attitude in order to improve the quality of and extend life include biofeedback, relaxation, visualization, support groups, good humour, and laughter. Cousins documents his own physical recovery from two life threatening diseases with the use of these psychological means in conjunction with a minimum of medical treatment.

Simonton, et al (1978), from the Cancer Counselling and Research Centre in Fort Worth, Texas, have outlined a very structured and comprehensive program in their book Getting Well Again (1978). Cancer is viewed as a call to action to make change in the belief system, emotions and attitudes. Their treatment begins with the discovery phase, in which patients explore the reasons why they have the disease and describe how they participate in it and benefit from it. The recovery process involves relaxation, mental imagery, analysis of symbols in imagery, release of resentment and planning for the future. Their program has been and is currently in a state of flux. Following extensive use of the program, Carl Simonton was interviewed by Scarf (1981) and stated that the discovery phase, a controntative ecclectic therapeutic approach which requires an acceptance of one's personal responsibility for the disease, has engendered tremendous feelings of guilt, especially for people who do not arrest or recover from cancer. He stated that with this

approach there is the potential for doing more harm than good. The recovery program, which seems to have the greater therapeutic value, includes both visualization of the body's defense system destroying tumors and visualization for living a more qualitative life. The latter will be discussed more fully.

Jaffe and Bresler (1980) discuss the use of guided imagery for diagnostic, curative and therapeutic purposes. They recommend using visualization to create healing images and affirmations such as "I will treat my body with love and respect" to help replace negative patterns established in the unconscious, responsible for negative physiological conditions which can culminate in illness. The intent is to encourage change in a positive direction by making life's goals attainable.

Meares (1983) has recommended a meditation technique to regress cancer by eliminating the anxiety associated with having the disease. Daily meditation, in which the individual strives to attain a complete inner calm, a stillness totally devoid of mental process, is required for maintenance of decreased anxiety. He states that the reduction of anxiety can continue into the whole of the patient's life:

> The result is that the patients come to attain some kind of nonverbal understanding of life and death, there comes a sense that life and death are simply different facets of an underlying process (p. 74).

**Attitudinal-spiritual Programs**

"In the final analysis, healing is the experience of love and forgiveness" (Hogben, 1984, p 157). George Hogben conceptualizes illness as an essential lifelessness central to the individual's being - an existential weariness. The emotions of spiritual aloneness - anxiety, guilt, rage contribute to a lack of meaning in life. A spiritual-less consciousness can be healed:

> healing may be defined as a miraculous unfolding of consciousness for one's being in the world. We learn who we are, what and who really matter to us, how to express ourselves fully and openly (p. 156).

Patients' dialogue between themselves and their illness provides them with what they need to heal (e.g., calming of mind). They then explore their mind and spirit to find the meaning of their lives. Consciousness is transformed. The process is a life-long journey toward wholeness and based on belief and openness to the spiritual world.

Bernard and Barbara Siegel (1984) view illness as a message to change a spiritual flat tire - to use the inner guide to nurture a belief system which believes that healing occurs when psyche, soma and spirit are integrated, when one can open to healing. The therapeutic goal has more to do with peace of mind than physical healing. The message is to live with a sense of time limitation, say what needs to be said (including "No" without feeling guilty), resolve conflicts and share openly the love felt.

> What are the changes which create this environment conducive to healing? - the introduction of laughter, music, love, forgiveness and acceptance all coming after a release of resentment, conflict and despair (p. 129).

Richard Moss (1982) speaks to a radical spiritual transformation of consciousness by awakening to higher levels of energy and sensitivities. This is achieved through unconditional love of others: "the heart opens and all values change . . . relationships change" (p. 10). A deeper self is sought so that we can take an honest look at what we are and find, with grace and our own will, that essentially we are purity and love. Experience becomes infused with a radiance. This is a life journey; he articulates no method or technique associated with it. In fact, he claims there are none, that it is an inner quest which grows through constant love. Moss does not consider that people may have to let go of negative feelings to love unconditionally. His ideas are appealing, but lofty and idealistic. Perhaps forgiving is the first step on the journey of which he writes so eloquently.

Gerald Jampolsky works with people with life threatening diseases out of the Centre of Attitudinal Healing in Tirubon, California. His three books Goodbye to Guilt (1985), Teach Only Love (1983), and Love is Letting go of Fear (1981) communicate this theory and method for personal transformation towards inner peace and love. His

notion of spiritual transformation is essentially a culmination of ideas as presented by Hogben, Siegel and Siegel, and Moss: His is an attitudinal healing process which aims to clear negative hurtful attitudes so they become life affirming, positive attitudes. He provides a definitive process - peace of mind is the goal and motivating force. Inner peace is a function of forgiveness and forgiveness is born out of love. Resentment blocks inner peace and love and their attendant will to live or acceptance of death. Forgiveness clears resentment: forgiveness is facilitated through relaxation, visualization and affirmations.

**F. Quality vs Longevity**

**The Therapeutic Intent**

Although there is no general consensus among researchers as to whether a cancer personality exists, there is an abundance of literature which indiciates that psychosocial factors predispose people toward the development of cancer; that stress-resistant people are less likely to develop cancer because they have a specific set of attitudes towards life - an openness to change, a feeling of involvement in whatever they're doing, and a sense of control over their lives (Pelletier, 1978; Simonton, et al, 1978; Pines, 1980; LeShan, 1961). These factors are three in the composite of factors described in the definition of a

"quality existence" on page 11. LeShan (1961) found that two psychological factors differentiated cancer patients from controls: having a poor self-image and being unable to express hostility. Kissen, Brown, and Kissen's (1969) study of lung cancer victims also concluded that cancer patients have poor outlets for emotional discharge and tend to manifest pent-up emotions in a physically damaging way.

If people heal physically, but continue to be locked in the same, perhaps hostile, angry, self doubting, stress-provoking world view, the recovery may be short-lived. As therapists, we can not undo the past. There is evidence which indicates that the predisposition for cancer can begin in childhood (e.g., Kissen, 1969; LeShan, 1966; Pelletier, 1978; Pines, 1980; Simonton, et al, 1978). Children who experience divorce, death of a parent or who perceive their parents to be unhappy and angry tend to develop feelings of loneliness, rejection and anxiety. Relationships often appear hopeless and the individual may mature with a sense of helplessness and isolation.

Seligman's theory of learned helplessness describes the belief that the likelihood of an event is independent of what is done, that there is no perceived association between responding and environmental outcomes, that nothing can be done to ward off aversive events (such as cancer or the attitude towards the disease). A passive, giving up state accompanied with depression and other negative feeling states often pervades. Hiroto (1974) claims that external

individuals - those who believe that what happens in life is beyond their control - are more likely to feel helpless in situations than internal individuals, who think of their destiny as largely being in their own hands. Beck (1976) describes this "powerless to control" feeling as paralysis of will. Forgiveness, because of its definition and resulting feeling state (to be discussed later) is a vehicle for the realization that people have the power to affect their experience of the world.

If the antecedents for the growth of cancer already exist, physicians and therapists cannot change that. We can however provide an experience aimed to initiate a change in the belief system - the attitudes through which life and self are viewed: "Few things make human beings feel better than an experience that stretches the sense of aliveness and shows us we have grown" (Moss, 1981, p. 16).

The Hippocratic injunction, "first, do no harm" should be practised by physicians and therapists alike. If people come to accept responsibility for their cancer and their cure, use visualization exercises to shrink tumors, and find that their tumors are growing, the sense of defeat, failure and powerlessness could be devastating. This is the reason the Simontons no longer use the confrontative discovery component in their program. Bernauer Newton, the Director of the New Centre of Clinicial Hypnosis, has changed the Simonton program for this reason. The emphasis is on the improvement in quality of life over the goal of reversing

the disease. This shift reflects

> a growing awareness that unless the quality of life improves, the patient will not engage in an all out fight. The patient frequently has lost all or most of his desire to live and energy to go on (Newton, 1983, p. 25).

Increased longevity does not ensure the improvement of quality. It may initiate a more positive mindset in some patients; it may affect the psychological hardiness (Pines, 1980) and reduce the likelihood of recurrence in some patients - but for many it means living for a longer time bottled up in the personality which may have predisposed the disease in the first place, in addition to living with the emotional and/or physical scars associated with having cancer.

Increased quality does not necessarily quarantee recovery or longer life, although it does create a better climate for physiological healing. It will however enhance the remaining life to be lived. This becomes a crucial issue as technology advances at an ever-increasing pace and medical breakthroughs occur almost daily. In a more generalized sense, holding the holistic lens to our bodies and our health is seeing a microcosm of the macrocosmic interconnectedness of all life on this planet. The forthcoming argument is indirectly, but still, related to the subject at hand.

Ethical and moral questions abound when the intent is "to keep the patient alive at all costs" or use people for medical experimentation. The choice between the therapeutic and experimental imperative depends on the Kantian principle of treating humans as ends, not means. The implantation of "Jarvik 7's" - the artificial hearts, has been minimally successful at extending life. Reports indicate, however, that the procedure is highly successful in facilitating depression and loss of meaning in life for the recipients. It is certainly debatable whether the transplantation of the baboon heart into the chest cavity of "baby Fae" improved the quality of her little remaining life.

A handful of technological and medical wizards such as Drs. DeVries and Bailey may be determining the future of medicine and hence, of life, and together with the media shaping a psychology to accompany it. Inherent in the practice of cross-species transplantation and artificial organ implantation is the ideology that living parts are interchangeable and replaceable. The view to perceiving our natural environment as being replaceable creates an acceptance of acid rain, polluted air and water, extinct species and ~~a~~ mentality which has lost respect and awe for natural ecological systems - for the wonder in the spiritual, cyclical ways of life and death. It reveals a lack of understanding that we are <u>of</u> the world not <u>in</u> it.

**G. Forgiveness**

Cousins (1983), Jampolsky (1985, 1983), Hogben (1984), Siegel and Siegel (1984) and Simonton, et al. (1978) account for the need to release grievances, hurts and resentments in order to nurture a life affirming, loving, spiritual attitude. Our culture and contemporary psychology, whose metaphysical assumptions are rooted in scientific-materialism, often ridicule non-rational and imperceivable notions such as forgiveness (Hogben, 1984). The above noted authors may therefor be forerunners in discussing the value of forgiveness for therapeutic purposes and in viewing forgiveness as being tremendously powerful in the healing process.

**The Concept**

Religious leaders and philosophers have preached forgiveness for centuries, yet the concept of forgiveness is vulnerable to misunderstanding. Jampolsky defines forgiveness as an inner correction that lightens the heart - a gentle refusal to defend ourselves against love. It is not the adopting of a morally superior position. Forgiveness sees that there are no real grounds for condemnation and that new grounds for innocence must be recognized. The injury cannot be rationalized away, but can be reinterpreted. Forgiveness releases the other from judgment. It is therefore for our own peace of mind. Love is the attitude essential for healing, peace is the goal and

forgiveness is the function. People create their own realities and forgiveness is the means to a new reality. Forgiving is a spiritual encounter and allows true healing to occur.

While forgiveness is often a central issue in therapy and psychological maturation, no systematic studies of this experience have been done. The existing literature is found primarily in philosophy and theology. Poets (e.g., Tennyson, Bronte) have dealt with the concept in an artistic way. Psychological Abstracts identifies only thirty articles in seventeen years. The scarcity of literature and studies in psychology may be attributed to those metapsychological assumptions and also traditional methods of research. Phenomena which are not amenable to scientific investigation have largely been ignored (Giorgi, 1970). Also, there is an inherent belief system in the perspective which values forgiveness. To those who are mechanistically or scientifically inclined, it may be too nebulous a concept to operationalize. To others who function from a humanistic-spiritualistic world view, the concept can be seen as having value because of its potential for profoundly positive transformation in attitude.

One phenomenological study is presently being conducted by Halling, et al. (1985) at Seattle University. They are finding that people describe forgiving as a transcendental experience - as an experience for which they have psychologically prepared themselves but which enters them

with a profound sense of peace and love. It releases tension. It has been described as a rebirthing, spiritual, cleansing experience in which one sees one's common humanity with others, as "a liberating experience in that it involves an acceptance of self as well as the other and frees us from embeddedness in the past" (Halling, et al., 1985). The initial findings of Halling's study tend to verify Jampolsky's concept of the process and outcome of forgiving.

**The Therapeutic Facilitation of Forgiveness**

Since the literature (e.g., Ray, 1981; Simonton, et al., 1978) recommends using relaxation, visualization, and affirmations to facilitate forgiveness, these techniques are used for that purpose in the therapy program in this thesis.

**Relaxation**

Passive relaxation, resting of the mind and body, can be achieved through a variety of psychological approaches. Three examples are: transcendental meditation, introduced to the U.S. and Canada by Maharishi Mahesh Yogi in 1959, which uses a mantra; autogenic training developed by Johannes Schultz, a German psychiatrist, which uses the silent repetition of specific phrases (e.g., "my heart beat is slowing down"); and the progressive relaxation technique of Dr. Edmond Jacobson in which people slowly relax their bodies, part by part, beginning with the head and working down to the toes. Another system developed by David Bresler

is called "Conditioned Relaxation" - a state of relaxation based on the Jacobson approach, but prefaced with a signal beath. It is the relaxation induction which is used with the co-researchers in this thesis because (as per Bresler, 1984): 1. it has no specific religious affiliation and does not require a mantra, 2. once mastered, it can be achieved almost instantaneously by taking a "signal breath", and 3. the process concludes with visualization and affirmations. Bresler (1984) reports that follow-up reports with people practicing conditioned relaxation regularily have been astounding; that people report "an enormous sense of well-being and rekindled feelings of self confidence" (p. 35).

**Visualization**

Visualization, as defined by Mehl (1981)is a "psychotherapeutic technique relying on mental imagery to facilitate a psychological process" (p. 118). The state of relaxation is a requisite for therapeutic imagery in that it inhibits somatic muscle activity and verbal thoughts and allows mental images to dominate. Visualization is then more effective in mobilizing the "latent, inner powers of the person" (Jaffe & Bresler, 1980, p. 58) since imagery is primarily a "right brain" metaphorical method of communication.

Visualization, as a technique, had much of its beginnings in Europe in the early 1900's. Mehl briefly

traces its history: Tichner represented the then predominant view that all thinking required imagery. Research from the Wurzburg school challenged the view and proceeded to develop into the various behaviorist philosophies of the U.S., Britain and Russia. In the U.S., interest in imagery waned. Carl Jung, with his active imagination techniques for dream interpretation, and Desiolle, who created the waking dream method in which a mental image journey mirrored the psychotherapy process, kept imagery alive in Europe. Wolpe, in 1960, introduced systematic desensitization to the U.S. and created a kind of marriage between between imagery techniques and behavioral research.

Visualization is currently used in physical and psychological therapy: physically, as an adjunct to medical diagnosis and treatment, and psychologically, to help in the resolution of indecision, to provide interaction with an inner adviser, to create clearly directed goals, and to access early memory. It is also used for spiritually related purposes. Mobilization of spiritual healing can be facilitated by supporting a client's belief system, by clarifying the awakening to a higher consciousness and by accelerating the transformation of a spiritual belief system.

Visualization is a recommended process to facilitate forgiveness (Jampolsky, Mehl, Simonton), though due to the dearth of research in the area, the evidence is limited. It is based on case studies and anecdotal reports. Because

statistics can not meaningfully reach the unique inner world of the individual perspective, no statistical studies have been done. Visualization may not suit everyone, but its efficacy might be best understood in terms of people's perception and description of their experience with it.

Jampolsky considers visualization a simple and direct approach. He describes how it can be used to help let go of a grievance, fear, resentment or grudge. It may be against oneself, a person, or any other source, e.g., a city, an animal, a season of the year, a food.

Simonton, et al. (1978) use a relaxation/visualization procedure based on the idea that resentment is a long-term restressing process - that with no outward action available to diffuse negative emotions, people continually recreate the painful event in their heads. Their technique for forgiving old hurts and embracing new attitudes and understandings is based on the forgiving process suggested by Emmett Fox (1938). It involves repetition of the imagery process many times.

Forgiveness of self can be facilitated with visualization (Simonton, 1978). Many cancer patients feel guilt and resentment for having the disease and having given their friends and family pain and stress. Even the process of making peace with another person's behavior requires a good look at one's own (Halling, et al., 1985). It might be necessary to forgive oneself for having the need to forgive before one can forgive others! The forgiveness imagery

process has a twofold function: 1. it is a way to gain insight into old hurts - to outlet repressed and denied feelings that come into consciousness under relaxation. Unconscious conflicts perpetrating stress and hurt are uncovered in order to be forgiven. 2. It is a way to facilitate the release of conscious and debilitating negative attitudes towards other people or things. Once the mind has cleared out blocks to the understanding that the essence of being is love, peace of mind can be known.

**Affirmations**

The healing value of affirming positive thoughts has been communicated by Ray (1980), Ostrander and Schroeder (1979), Gawain (1978), Ponder (1966), Leonard (1983). Leonard writes of the power of the word: "experience creates words creates experience . . . language creates reality creates language" (p. 167).

Ray defines affirmation as a positive thought that is chosen consciously to achieve a chosen result. She claims that patterns, repetitive unconscious behaviors, can be changed through the use of affirmations. Negative thought patterns can be cleared away to produce desirable changes in life. There is a "shift in focus and energy away from patterns that have built up unthinkingly over the years" (Ostrander & Schroeder, p. 174). Ostrander and Schroeder suggest that most benefit ensues from a combination of short and specific affirmations, cast in the present tense, such

as "I let go of tensions" and general nourishment for the whole person, such as "I forgive myself for all mistakes in the past." They also suggest using rhythm and alliteration to help ideas root in the mind.

Affirmations are used commonly in hypnosis, a theory being that the positive impact will be understood by the subconscious mind and not sabotaged by the conscious mind (Grinder & Bandler, 1981). The hypnotist will usually suggest amnesia to the ideas to safeguard their effect. In this approach, people do not consciously articulate their own affirmations. Although this method does protect against sabotage, insofar as no cognitive, self-mastery processes are involved, it does not provide for personal ownership of the power in the process. An articulated or written affirmation, as suggested by Ray and Gawain, may reveal a block or counterintention to the affirmation. This they explain is a buried sabotaging thought which must be found. Their affirmation technique allows for the conscious discovery and release of the block.

Ponder (1966) wrote "your word is your power . . . your words are constantly doing one of two things: building up or tearing down, healing or destroying" (p. 81). Affirmation is people's "yes" power for healing. She defines affirm: "to assert positively" - even in the face of contrary evidence because through affirmation thinking can be changed."

Affirmations will be utilized for the co-researchers in this thesis for the purpose of helping them to forgive and

having them feel healed "in mind and spirit and to be excited about life!" (Ray, 1980, p. 8).

**H. Conclusion**

Attitudinal-spiritual healing contains the inherent intent of improving the meaningful experience of living. The attitudinal-spiritual therapy program developed for the present study is intended to be transformational, to awaken new levels of consciousness: "forward strides in healing and health care will be made as we recognize and appreciate the general shift these awakening levels of consciousness represent" (Moss, 1981, p. 28). This study is an attempt to make one small "forward stride." Forgiveness facilitated through relaxation, visualization and affirmations may create the climate for such transformational healing. Hopefully, the reduction of stress which provokes maladaptive psychological-physiological reactions associated with disease will become the consequence of a more transformational healing.

The present study has been developed to explore the lived-experience of forgiveness therapy with cancer patients. There has been very little research into the nature of forgiveness and no previous study which inquires into the experience of forgiving for cancer patients, despite evidence which clearly suggests their need to release debilitating emotional states. The lack of research can largely be attributed to the limitations of natural

scientific procedures for studying human phenomena such as experiences, feelings, and meaning and the propensity for natural science methodology in psychological research. It is possible, however, to explore such phenomena scientifically. The human science approach to psychology has been developed for such purposes. Phenomenological methodology aims to understand and describe such unobservable phenomena by accessing a primary or original way of experiencing them. Phenomenology is a return to the world of experience which precedes the objective world of natural science. The distinction between natural and human science philosophy and research methodology is discussed in chapter 2.

## Natural Science and Phenomenological Research

### A. Introduction

The biomedical and holistic approaches to the study and understanding of people in the field of medicine parallel the natural science and phenomenological approaches to the study and understanding of people in the field of psychology.

The traditional scientific approach is mechanistic; it uses precision and rigor to derive quantitative measures which support or reject hypotheses. It's aim is to predict and control behavior. The philosophical dualism - the Cartesian split between the observable body, objective behavior, and the unobservable mind, subjective experience - is the foundation for natural scientific methodology in psychology just as it is for the biomedical model in medicine.

The phenomenological or human scientific approach (See Giorgi, 1970) uses an indepth and careful description of lived-experience to understand phenomena. It's aim is to articulate the essence, structure and form of human experience and human behavior. The key concept is that people and their worlds are co-constitutional - people are not objects in nature because people are <u>of</u> the world, not <u>in</u> it. The phenomenological approach to research complements traditional, natural science methodology in the way that the holistic approach to medicine complements the orthodox

medical model approach. Holistic medicine and phenomenological psychology open up new possibilities for knowledge and understanding (e.g., Mehl's (1981) study of the experience of childbirth, Stevick's (1971) study of anger).

**B. Philosophical Assumptions**

Phenomenology and natural science have different value orientations. The work of Kruger (1981), Giorgi (1970), Stainback and Stainback (1984) and Valle and King (1978) exemplifies the difference in philosophical assumptions:

**Natural Science**

From a natural science world view people are viewed as objects in nature and are not considered as essentially different from any other natural object. People's behavior is determined by environmental contingencies; cause-effect relationships are therefore investigated and measured quantitatively by an independent observer. Ideas are formulated into hypotheses, constructs are operationalized and undergo experimentation or investigation to determine whether the hypotheses are verifiable. Because meaning resists reductive causal analysis it is assigned secondary status and generally understood as "something" which mediates the link between the environment and human behavior. Conciousness and experience are considered epiphenomena of a more concrete reality and are objectified

in terms of behavior and quantifiable data. Emotions, for example, may be studied by quantitative measures of brain-wave patterns. The realm of experience is the external environment since it is the means through which quantifiable data can be obtained. There is a belief in absolute, material reality governed by laws and mechanisms independent of man which are "out there" to be uncovered and explained.

**Phenomenology**

From a human science or existential phenomenological world view people are viewed as contextualized in a dialogal relationship with their worlds. People have situational freedom and act purposefully through participation in their own meaning-filled experiences. It is in the nature of man to be able to reveal the world to himself.

Cause-effect thinking is rejected; it is considered misleading because there is no separateness between the person and the external environment. Meaning defines the interface between subject and world, and since we are always conscious of something, the world is characterized by intentionality. Reality is the life-world of the individual and construed in terms of naive, direct and immediate phenomenal experience. Consciousness is a forum in which phenomena show themselves or are revealed - it is not a substance, immaterial or otherwise - it is not an entity closed in upon itself - it is an act of revealing.

**Experience**

Colaizzi (1978) approaches the difference between natural and human science in terms of theoretical distance from ordinary experience. As the quantification of physical objects has become increasingly precise and reproducable through continual refinements in natural science methods, the inner world of human experience has tended to be ignored by scientific psychology. Experience is not an accessible, measurable, reproducable object that can be operationally defined or rendered universally understandable; experience is our direct encounter with our worlds - an encounter which occurs in space and time. Experience is the life-world.

Self understanding, which derives from experience, can however be the subject matter of psychology because it is orderly and structured, not ephemeral and ineffable. The primacy of the life-world rather than the scientific investigation of phenomenon, is the point of departure between natural and human scientific research.

> The phenomenological paradigm will seek to reveal ourselves to ourselves. It will tell us what we already know and how we already live, rather than pushing back frontiers of new knowledge after the fashion of physical science. (Keen, 1975, p. 128)

Van den Berg (1972) speaks to the idea in terms of first and second structures of reality, the first being our primary experience of our worlds, the second being the rational empirical measured reality composed by natural

science. Phenomenology moves in the first structure, natural science moves in the second structure.

John Simnet, lecturer in experimental pathology from the University of Newcastle upon Tyne, asserts similarily that "much of our teaching in science remains abstract and the student is given little idea of the practical implications of what is being taught" (1982-83, p. 74). The viewpoint that science must be about something other than ordinary experience is perpetrated in medicine as it is in psychology. Simnet explains:

> We are talking about human experience - to understand this you have to try for yourself. To know what it is like to see the sun rise out of the sea, you have to go down and sit on the beach in the grey dawn. No one else can do it for you (p. 78).

Natural science type psychologists have limited the content of psychological inquiry by using a methodology which can not accommodate research into inner lived-experience. Their method dictates what its content should be.

**C. Phenomenological Inquiry as Human Science**

Colaizzi (1978) suggests that the investigation of human experience should proceed within carefully defined methodological guidelines. A phenomenological methodology has therefore been been developed (Giorgi, 1970; Colaizzi, 1978; Kruger, 1981), although because it is still in the

process of being clarified, there is some ambiguity in using it as a research technique. Giorgi (1975) maintains however, that phenomenology is an approach to a human science of psychology that can be practised with rigour and discipline while doing justice to all human phenomena and at the same time allowing the researcher to develop a method appropriate to the particular phenomenon being studied. There is no cookbook recipe (Keen, 1975). Phenomena can not be reduced to fit into a pre-existing method, nor can there be a clear-cut design for collecting or analyzing data since the process of phenomenological research is inductive and discovery-oriented. Flexibility must inhere in a design which is constantly considering new data, since, as new data enter the study the researcher's understanding of what is being examined undergoes elaboration and change. The method must dialogue with the content (Giorgi, 1970). The design is therefore always subject to modification depending on the course of the investigation. Giorgi (1971, p. 11) explains:

> It is phenomenologically unsound to establish a method that must be used that is prior to and independent of the phenomenon to be investigated. The problems of method can not be considered in isolation but only within the context of the phenomenon to be investigated and the problem aspect of that phenomenon.

It would violate the phenomenological approach to mold all phenomena into one set of preconceptions and one procedure,

for the whole process of understanding the phenomenon evolves as new data are collected, examined and incorporated into the study.

The general guidelines and procedures which have been developed by phenomenological researchers are intended to provide a basic structure from which to approach the study. The following conceptions of science have, however, been reinterpreted and expanded in order to apply to the phenomenological study of psychology as a human science:

**Objectivity**

Objectivity, as it is explained by Giorgi (1970) is used by natural science as the means to register reality the way it "actually is." This position presupposes that there is only one way of knowing the world and that the world is complete and entire prior to and independent of man as subject. Giorgi (1970) defines this extremist view as "objectivism" and describes it as "the meaning that the world would have in itself independently of any man as questioner of the world" (page 112). Objectivism denies the inevitable presence of the scientist in science. Giorgi suggests that objectivism is an exaggeration of a proper function of objectivity - this proper function is that knowledge cannot be based solely on the personal. This would be subjectivism - an opposite but equal error to objectivism which eliminated the problem of the personal by deciding that the "thing-in-itself" would be the basis for real

knowledge. Objectivism and subjectivism are overcome by requiring that objective knowledge be inter-subjective (i.e., the understanding of what we experience - of how a concept is meaningfully shared among us) and that objectivity refer to an attitude or stance directed towards the unveiling or discovery of aspects of reality in the experienced world. This notion of objectivity contains the reciprocal relation of subject and world, for what is discovered is not reality unqualified but an aspect of reality known in human conciousness. The objective attitude is therefore an intentional activity because conciousness always has an object (e.g., a person) or a presence (e.g., empathy for that person). Consiousness is always conscious of something.

Objectivity in phenomenological research (which studies man as person rather than man as object) is understood in terms of the accuracy with which an experience - a primordial or preobjective phenomenon - is reported. The function of objectivity is to show how the research is a result of a subjective discovery-oriented approach to the study of man. Researchers therefore include as data the influence of their human presence (i.e., their assumptions, biases, and interpretations) rather than trying to study people as independent observers of them.

**Control**

Control becomes defined as something which comes from the researcher's context or perspective of the data. Any research must enter into dialogue with the community of scientists. The researcher must make explicit the context and intention so that readers can see what the researcher saw, whether or not it is agreed upon.

Natural science may describe phenomenological 'control' as researcher bias; however, all facts are viewed through a perspective and an interpretive understanding of what is being described (Keen, 1975). All facts contain inherent values - to say there are facts without values is a value statement (Luijpen & Koren, 1982). Value neutrality, the result of a dichotomous separation of facts and values, is impossible. Since reality is mind dependent, we can not "get outside ourselves" and undertake investigations divorced from our own particular place in the world . . . our values and interests will shape how we study and discuss reality (Smith, 1979). The phenomenological approach assumes that research findings are always a reflection of the researcher's interpretation (Wertz, 1983). Researcher bias is therefore discussed at the outset of research - the assumptions or presuppositions are stated so that changes which occur in the dialectical encounter between researcher and participants can be documented. A premise of phenomenological research is that the activity of the investigation affects what is being investigated (Smith,

1979).

The researcher enters into a relationship with each of the participants, or co-researchers and together they examine the phenomena of interest. Mutual trust and respect between researcher and coresearchers is essential. The phenomenological interview resembles a psychotherapy session in which experiences are shared to yield rich and meaningful data; there are never any right or socially appropriate responses (Polkinghorne, 1979).

**Generalizability**

Statistical generalization to a specific population is not a purpose of phenomenological research. Its aim is to increase understanding of the phenomena of lived-experience. It is therefore a methodology of description which does not attempt to describe correlational or causal relationships. Random sampling from a large population of subjects is unnecessary. "In general, the criteria for selection are concerned with the variability and richness of examples which can be offered by the informants" (Polkinghorne, 1979, p.20).

**Rigour**

Rigour inheres in making explicit the purpose of the researcher (Keen 1975) so that each co-researcher is allowed to speak freely, with minimal influence by the researcher's bias. Rigour dictates that all co-researchers be led to

describe as fully as possible their own experiences in their own language (Stevick, 1971).

The interpretive process in phenomenological data analysis is cognitively rigourous, for the researcher must remain with the 'givens' in the experience represented by written protocols (Polkinghorne, 1979). The protocols must undergo interpretation with the intention of reliving the experience which lies beneath the words used to elucidate the essential elements in that experience.

Rigour also requires that the researcher be flexible and open in order to maximize the depth and breadth of the phenomenon being explored.

**Validity**

Validation of descriptions as they spiral through elaboration and refinement is a continuous process in the collecting and analysis of data. The researcher must continually validate throughout the analysis by returning to the original protocols and examples, engaging in imaginative variation (i.e., mental experimentation) and checking for accuracy. Co-researchers often participate in this process of validaton by adding to or modifying and then confirming the descriptions.

**D. Criticisms of Phenomenological Research**

For the last 70 years American psychology has tried to become a respectable science. Hypotheses have been tested with carefully designed and controlled experiments followed by sophisticated statistical analyses of data. Phenomenological analysis is criticized because it has been perceived by natural scientists as betraying the scientific approach and thereby endangering the scientific status of psychology. Kruger (1981) counters this view by explaining that any methodology makes a commitment to a philosophy, whether explicated or not. The natural science approach to psychology is based on Cartesian philosophy and aims to predict and control behavior. Phenomenology attempts to overcome the Cartesian split and aims to understand the whole person in terms of the phenomenon under investigation.

Keen (1975) lists the three most common criticisms of phenomenological research techniques:

1. Because data is so riddled with subective bias, it has little value for the science of psychology.
2. Because a lot of behavior is not consciously motivated, people do not really know their minds.
3. People tell psychologists what they think psychologists want to hear.

A summary of his defense to each criticism follows:

1. It is precisely "subjective biases", viz, how people experience and understand events, that is being explored. Their reports have value when we seek the truth about

biases. Things are not created by a person's mind, nor are they independent of a person. People and the things they disclose are mutually dependent on eachother for their existence.

The phenomenological approach is free of operationally defined constructs and definitions since the data render more than responses to experimentally applied stimuli. The data take place in the context of the historical and social awareness of the individual.

2. It is always a challenge to bring into explicit awareness that implicit knowledge which often guides our experience. As phenomenological methodology continues to develop, it will continue to develop this issue - encouraging people to describe aspects of their own experience to which they are unaccustomed to paying attention - to help a phenomenon reveal itself more completely than it ordinarily would.

3. Even when people have decided not to, they still say things which have most interest to psychologists. This is hard to overcome, however the nature of the researcher/co-researcher relationship and clinical interview style should create an equitable, comfortable, safe setting in which honest perspectives can be expressed.

**E. Application of Phenomenological Method**

The adequacy of a method depends on the original purpose of the investigation (Keen, 1975). The investigation into understanding the inner perspective of a person with

cancer in the process of forgiving is best understood by using a phenomenological approach. Since this is a study of the direct encounter of the forgiving consciousness and since the objective of the study is to allow the patterns in that experience to emerge, the study requires a method which remains with experience as it is lived and given.

The first step begins when the researcher interrogates presuppositions in order to set them aside or bracket them (Colaizzi, 1978).

**The Approach Phase: Bracketing**

My own process of preparing to collect data has been challenging. To move from my primarily cause/effect understanding of the world has required an epistemological shift; the assumption of a phenomenological stance requires my attention focused always on the givens of consciousness rather than toward the "world" itself. This shift has been a major part of my Individual Phenemological Reflection (Colazzi, 1978).

Self reflection is also a part of my Individual Phenomenological Reflection. This self reflection has necessitated a scrutiny of my personal reasons for, investment in, and expectations for the research. The process has involved an understanding and articulation of the presuppositions with which this research begins. This is called bracketing in phenomenological psychology - suppositions are bracketed so that the personal relationship

between researcher and research is made clear from the outset (Polkinghorne, 1979, Colaizzi, 1978). Colaizzi (1978) suggests that the researcher begin my asking three questions:

How do I come to be involved with this particular phenomenon?

I had cervical cancer and after I had been treated for the disease, I noticed myself becoming increasingly negative in attitude. The intensity of negative feelings in general as well as new and irrational grudges became magnified: The world seemed unfair to me. I felt alone because my mother, my best friend, had recently died of cancer. My father seemed to have betrayed me by expressing the view that all who develop the disease die from it.

I was angry at those who were unsupportive or aloof; I was angry at those who gave support because it was not "just what I needed!"

I felt guilty for needing support, for, paradoxically, wanting and not wanting to be the focus of concerns and worries of others. The guilt itself made me feel unloved, depressed and hollow.

One day someone suggested that I forgive myself and forgive those whom I resented. I resisted the idea; I wasn't religious; it never occured to me then that forgiving is spiritual, not necessarily religious in nature.

I did not like myself in my world; I knew I needed something. I read Jampolsky, Ray, Simonton, Cousins and began to realize that forgiving may contain the healing power I needed so badly, so, I began to try to practice forgiveness. As the literature suggested, I used relaxation, visualization, affirmations and a journal to help me process forgiveness and release some of my negative and hurtful feelings.

I now believe that the experience of forgiving is cleansing me of some of my guilt and resentment. From my own

experience, I recognize that it takes time and preparation to forgive, for it is a process of continual change and happens in degrees. It is not simply the consequence of a decision, but rather, something that seems to grow with time and effort, something that seems to be known as it happens, but something that happens holistically in the body, mind and spirit.

I came to be involved in the phenomenon of forgiving for cancer patients because I had cancer and need to reconcile myself to the disease and the negativity it seemed to produce in me. I needed to forgive myself and other people whom I perceived as being unsupportive. My experience with forgiveness has involved the emotional trauma of working through negative emotions, has revealed to me the difficulty associated with the forgiving process, i.e., sincerely feeling that resentment has been replaced with regard or love or, atleast, a neutral feeling. Although there have been times in the process when I would have doubted it, I do believe that forgiving is healing, that it has released negative feelings from me, enhanced my relations with other people (and theirs with me, I'm sure), and allows me to feel a greater sense of control and sensitivity in myself.

Why did I choose the phenomenon I chose to study?

Since, out of a multitude of topics to be studied I chose forgiveness, and since the first premise of phenomenological research is that the investigator's personality is not incidental to the topic, I introspected with respect to my motivation for writing a thesis in this area and uncovered the following:

My personal experience with cancer and the consequential need for a better way to cope with stress and nourish a more life affirming attitude initiated the research. But why forgiveness? Why not some other means to the same end (e.g., meditation, a holiday to Bali)? Having cancer created in me a need to make a fundamental change in my belief system - in my world view. To forgive I had to view my perceived enemies (including myself) as blameless and innocent - yearning as I was for peace, safety and love.

I chose the phenomenon of forgiving to study because it has been and is part of my struggle to become more giving, loving, senstive and whole; also to be less judgmental of, angry at, or hurt by other people. It is part of my process of attempting to genuinely feel and know a sense of unconditional positive regard in my reciprocal relations

with others and of enriching my self (as a person and a therapist) and my life.

How might my personal inclinations and predispositions as to research value, influence, or even bias how and what I investigate?

Listed below are my specific presuppositions which preclude this study:

- People have a propensity for being healthy.
- Forgiving promotes well being.
- Forgiving reduces stress and conflict and removes blocks to attitudinal and spiritual health.
- People struggle through the process of forgiving. It does not occur with a stroke of good luck or a flash of lightning. It is hard work and can be painful.
- Forgiving involves self-analysis. Pain, sadness, guilt, helplessness, hopelessness and fear can be felt, but in the process these feelings can be replaced by joy, peace, love, happiness, and sense of personal control in life. It can hurt to heal attitudes, but the substitution of positive feeling states for negative feeling states is wonderful and instills a new and exciting sense of life.
- It is important that our lives have meaning and that we are open to creating new meanings.

These presuppositions may influence or bias my investigation. I may be less open to reports which

contradict or challenge my perspective. I may have trouble validating an individual whose experience does not confirm mine. My probes or queries during therapy sessions and interviews may influence expectations that result in co-researcher denial of actual personal experience.

The bracketing of my presuppositions has clarified the influences that may bias my observations. I need to be mindful of my prejudices in recognizing that all human experience exist in the life-world of unique individuals.

## III. Methodology

### A. Rationale

A brief philosophical rationale for the use of a phenomenological methodology for particular kinds of research objectives was presented in chapter two. The present study used a phenomenological approach to investigate the lived-experience of forgiveness therapy with cancer patients. The aim was to develop an understanding of the process of forgiveness grounded in human experience. The phenomenological method, whose purpose is to deepen our understanding of the structures in experience by describing their parts and the relationship among them (Polkinghorne, 1979), serves the aim of this research.

### B. Procedure

Guidelines for conducting phenomenological research derived from extant literature were followed in the execution of this study (Colaizzi, 1978; Giorgi, 1970, 1978; Polkinghorne, 1979).

The study proceeded as follows:

1. The idea of studying forgiveness emerged as this researcher explored the phenomenon of forgiveness in her life in an attempt to release negative and hurtful attitudes associated with having cancer. The meaningfulness of the research emerged from the descriptions of the psychological effect of cancer, the healing power of forgiveness (Hogben,

1984 Jampolsky, 1983, 1985; Siegel & Siegel, 1984) and the presuppositions and expectations of the author.

Both the literature and experience of the author supported the views that (i) many people with cancer experience negative feelings (e.g., fear, guilt, anger, resentment) which threaten their psychological and attitudinal health, and (ii) forgiveness is a means of releasing such negativity and replacing it with more positive feelings states.

2. A group therapy program called "Forgiveness Therapy" was developed by this author for use in the present study. It incorporated the basic concepts of forgiveness from the literature and included the experiential techniques alleged to facilitate the process of forgiveness.

3. An outline of the therapy program and a covering letter (see Appendices A and B for proofs) were mailed to all members of "Cansurmount" (a cancer support group) inviting people to voluntarily participate in the research if they felt that the program would benefit them. The study was supported by Cansurmount.

4. The program was to consist of five, two hour weekly sessions. An intake and follow-up interview with each individual were also projected.

5. Five people volunteered to participate in Forgiveness Therapy - four were members of Cansurmount and one was an acquaintance of the author. All had experienced cancer and were interested in forgiveness. Their ages

spanned the decades from 20 to 50. They were asked to make a commitment to attend the intake and follow-up interviews and as many of the group sessions as possible. They were also asked to keep a journal or record of their experience which could be used as data.

6. The intake interview was relatively unstructured. Minimal probes were employed when necessary in order to extract relevant personal data, individuals issues and expectations. The interview lasted about one hour.

7. Six, two and one-half hour group sessions were held. The extra half hour for each session and the sixth session were added in response to the group's request for more time.

8. The sessions evolved in terms of both format and focus. The format progressed from being tightly structured, following a predetermined agenda (sessions one and two) to being loosely structured and following part of an agenda (session three), to being completely unstructured and mainly following the direction of group members (sessions four, five and six). A more comprehensive account of this process is detailed later in this chapter in the section "Gathering Data." The focus changed from following the designated agenda to addressing topics as they arose in response to to the needs or interests of any group member.

9. Following completion of the meetings, the data were phenomenologically analyzed. The data consisted of transcripts of the tapes, notes taken by the researcher from observations, and all written protocols shared by the

co-researchers.

A "within co-researcher" analysis was undertaken to search for themes and patterns so that they could be described, integrated and synthesized into a description of the experience.

10. A more social type of meeting which included a pot-luck dinner was held in the researcher's home three months after the sixth group session. A transcribed protocol which reflected each co-researcher's workshop experience was presented to each individual to ensure that the protocols were valid representations of experiences.

11. Within a week of the distribution of the protocols, an unstructured, non-directive interview was conducted with each participant to discuss their protocols and also their retroflective view of the experience with forgiveness.

The researcher's interpretation of the meaning of co-researcher descriptions was withheld during the social group meeting. It was felt that some individuals may not have been "ready" or psychologically prepared to confront the interpretation of their experiences. Participants were told that two levels of interpretation had been abstracted from the verbatim protocols and that those interested in discussing the interpretation of their experiences could meet individually with the researcher. Initiation of such discussion was left with the co-researchers.

The author offered individual counselling or referral to another therapist for those who expressed the desire for

personal therapy.

## C. The Collection and Treatment of Data

### Introduction

In most phenomenological research the two processes, gathering and analyzing data, interact with one another through the research effort because data is gathered through interviews in which co-researchers reflect on and describe a phenomenon or experience which has already occurred (e.g., Halling et. al.'s study of forgiveness, 1985). The present study was somewhat different in that most of the data were gathered during the course of a six-week therapy program. Other data were collected three months after. The present research attempted to understand the process of forgiveness contemporaneously rather than retrospectively. Nonetheless, participants' retroflective experiences were also considered.

The remainder of this chapter will attempt to describe the evolution of this research through the gathering and analysis of data. Phenomenological research can produce a recursive pattern of data gathering, interpretation, validation, modification and further data generation as co-researchers and researcher interact. It is a type of respiralling process.

**Gathering the Data**

The projected therapy program underwent an on-going modifications in practice:

**The Therapy Program as Projected**

The three basic areas relevant to the objectives of this study were originally included as content in the therapy program: (i)forgiveness and related concepts, (ii) cancer and holistic healing, and iii) relieving negative emotions. Mini-lectures were prepared which summarized information, concepts and theories presented in the literature (e.g., Jampolsky, 1983, 1985; Simonton et al., 1978).

Each session was divided into three parts: (i) presentation of mini-lecture (one-half hour), (ii) encounter with experiential exercise - relaxation, visualization and affirmations (one-half hour), and (iii) group discussion related to the subject of the mini-lecture or the exercise (one hour).

It was expected that the participants would practise and utilize the relaxation, visualization and affirmations exercises at home and that they would write about some chosen aspects of their home or group experience with forgiveness and/or the exercises.

**The Therapy Process as it Transpired**

The group met at the University of Alberta Education Clinic. With the consent of all members, the first two sessions were audio-taped and the remaining four sessions were video-taped.

Session One

The format of the first session followed the pre-determined agenda (see Appendix A for complete therapy outline). All participants introduced themselves and shared some personal history with respect to their lives, their diseases, and their attitudes.

A mini-lecture, focused on the holistic approach to mind-body-spirit interrelatedness was presented by the group leader.

The lights were dimmed and Bresler's Conditioned Relaxation technique was undertaken.

The group then discussed the enjoyed effect of the relaxation exercise and discussed the material which had been presented in the mini-lecture. Discussion centered on the therapeutic value of psychological interventions for cancer patients. Individuals expressed their own views with respect to their own disease and related psychological factors such as stress and attitude.

An additional half hour was required for adequate discussion. The group leader then assigned homework by requesting that each person make their own relaxation tape using the handout provided (Bresler, 1984) and practise the

relaxation technique during the week. A request was also made that all co-researchers keep a record of their experience with the group sessions and their homework assignments. The instructions were open-ended to allow for a greater latitude of choices in terms of how the experience was construed and expressed. This procedure also reduced the researcher's bias.

Session Two

Session two also proceeded according to the researcher's agenda. The participants were asked to describe their reactions and feelings associated with the preceeding session and their homework.

The mini-lecture pertained specifically to the topic of forgiveness. Various theoretical conceptions were presented based on the literature.

The experiential component included Bresler's (1984) Relaxation technique and a visualization exercise which consisted of Simonton et al.'s (1978) mental imagery journey for overcoming resentment (p. 152) and their strategy for contacting an inner advisor (p. 169), and Jampolsky's (1981) active imagination techniques for releasing hurt and anger (see Appendix C).

During the discussion phase the participants responded to the lecture material and the exercises. Self-disclosure, openness and honesty ensued. Authenticity developed during these exchanges.

Sessions Three to Six

Overall, the group was composed of highly-functioning, verbal and articulate people who revealed themselves as willing and capable of working towards the resolution of issues with minimal guidance from the group leader. They seemed to enjoy the processes of sharing experiences with one another and of facilitating each other's experiences of forgiveness. They also enthusiastically discussed the subject of forgiveness and its theoretical and personal implications. The present researcher was therefore increasingly less instrumental in directing the course of the sessions and her stance changed from being relatively didactic and directive to being more receptive towards spontaneous developments.

During the third session, the group itself discussed the format of the sessions and agreed to have more informal meetings in which any issues or concerns could be addressed. The change was considered to have been in the best interests of the group and of the study, for it resulted in the elimination of the lecture component. This added time for group work and changed the focus from the perspectives and presuppositions in the literature (e.g., Halling et al., 1985; Jampolsky, 1983, 1985; Ray, 1983) to the perspectives and presuppositions based on the lived-experiences of the participants.

The lecture presentation in session three was very brief (about ten minutes) and involved a discussion of the

conceptual basis for affirmations (Ray, 1980). Following the mini-lecture, the group requested an affirmations exercise which was given (based on Ray, 1980) and discussed by the group afterwards.

A relaxation and visualization exercise was requested by the group in session five. The group leader used Bresler's relaxation technique and then spontaneously created a visual imagery exercise intended to release anger and resentment and instill a calm, peaceful feeling.

Sessions four and six were entirely group-directed and contained no lectures or exercises.

New awarenesses regarding forgiveness and related themes were generated by the change in the format and focus of the group sessions. Eliminating the mini-lecture component after session three and including the experiential exercise only at the request of the group had the effects of allowing the group to control its own processes and determine its own course. This generated a greater quantity of, and probably more authentic, data for processing. The data collection through the tapes produced about thirteen hours of dialogue and two hours of experiential exercises from the six group sessions. All members also submitted written descriptions of some aspects of their experience of forgiveness. Notes taken by the researcher during the intake and follow-up interviews also contributed to the data.

**Processing the Data**

The six tapes were reviewed twice in the attempt to get a holistic perspective on the therapeutic process. The researcher's notes and co-researchers' journals were read and re-read. The investigator then reflected on all of the material and attempted a cognitive systhesis.

An attempt was made by this investigator, in this and all subsequent stages of processing data, to bracket preconceptions and judgements in order to remain faithful to the data.

1. Each participants's experience was mapped by transcribing all verbal utterances from the tapes and then adding verbatim material from the intake and follow-up interviews and the journals.

2. The transcriptions were then condensed by selectively extracting verbatim material which would potentially lead to a greater understanding of the lived-experience. The participants' phraseology was retained so that the data could "speak for themselves."

This process of reducing the raw data into protocols was done by reflecting on and scrutinizing the transcribed data for each individual to identify the topics and themes that recurred and evolved relative to the phenomenon under investigation. The editing of redundant and superficial details was a somewhat arbitrary process, however since this investigator had (i) participated in the therapy sessions and worked with the individuals, and (ii) attempted to glean

a holistic understanding of the group, she was in a fairly good position to extract statements relevant to each person's process. To enhance rigour, only those topics which were obviously irrelevant to forgiveness and its related themes (e.g., car repairs) were eliminated at this stage.

3. Verbatim comments were extracted from the original transcripts, interviews and journals for each participant for each session. These comments, or protocols, referred to the major topics of interest during each of the six therapy sessions. All intake and follow-up transcriptions were included in the "session one" and "session six" sections respectively. The sessions were considered serially so that the evolution of the process could emerge. Since, by session three, the group leader's agenda was no longer being followed and the participants were basically directing the group themselves, the scope of the project was enlarged and the opportunity was created for issues and areas of concern to arise spontaneously. As the sessions progressed, it became increasingly evident that the pursuit of forgiveness initiated the contemplation of or confrontation with some major existential themes, i.e., life-death, isolation-relationship, responsibility -choice, meaning-meaninglessness. The scope of the project opened up and allowed the co-researchers to engage themselves in their own unique ways - to the extent they were comfortable doing so - in some of life's "bigger questions."

4. Protocol Analysis:

The analysis of the protocols was inferential in that it reflected the researcher's interpretation of the meaning emerging from the words of the protocols. For each participant, the protocols were read and reread, considered independently and in relation to the person's whole process, in the attempt to tease out the essential meanings.

Two levels of analysis were abstracted. The second level of abstraction was a higher-order, or deeper level interpretation derived from the first level. Rethinking and revising occurred frequently in the attempt to abstract the most meaningful and accurate interpretation.

5. The contents of the two levels of abstraction were then viewed within and across participants in order to see whether there were common patterns within the process of forgiving in a group therapy context. The pattern in the group experience with forgiveness is one of the fundamental goals of a phenomenological study:

> a description of the essential aspects of the experience which are necessary for its presence and sufficient in themselves for it to appear. (Polkinghorne, 1979, p. 26).

## IV. Results and Discussion

### A. Introduction

This chapter presents the results and a discussion of the current research into the experience of forgiveness therapy. The pattern which emerged during data analysis is discussed first. The analysis for each participant is presented in table form and then discussed. Tables 1 - 5 contain the thematically abstracted descriptions of the therapy experience and display the protocols and the protocol analysis for each participant. Each table is succeeded by a discussion of the individual's therapy process. The organization and content of the upcoming tables are described:

The column "Topic" contains a verbal description of the topic that was being discussed; "Transcribed Protocols" contains verbatim remarks which reflect the process of the experience, extracted from the raw data; "Levels of Protocol Abstraction" contains the two level of this researcher's interpretation of the meaning of the lived-experience represented by the protocols.

The discussion reflects the researcher's interpretation. An existential orientation was chosen because of the good "fit" between the existential theoretical framework and the issues found in the tables (e.g., confrontation with death, search for meaning in life). Interpretations, based upon different theoretical

perspectives (e.g., behavioral, gestalt) may be valid alternatives. The validity of the interpretive analysis of the data depends mainly upon the extent to which it truly reflects the experiences of the co-researchers and secondarily to the extent that it resonates sympathetically with the reader's personal experience.

The co-researchers participated in the validation of the first and last parts of the analysis by: (a) discussing and approving their transcribed protocols, checking for the accuracy with which their experiences were represented, and (b) affirming that the pattern of their personal experience corresponded with the overall, shared pattern as conceptualized by this researcher.

**B. The Pattern**

A pattern emerged when the analyses containing the two levels of protocol abstraction were considered for all participants simultaneously. The first phases of the pattern were directly affected by the predetermined therapy program, however, once the group members took a more active role in directing the evolution of their experiences, they were basically in control of the evolution of their shared pattern.

The pattern reveals the "journey" of processing forgiveness for the five cancer patients in this study. A discussion of the pattern at this point will help guide the reader through the tables and the discussion.

The pattern was conjunctive. All aspects of it were experienced by all of the people, however the therapy process focused on different components for different people. The pattern contained the following dimensions:

1. Initial trauma of the onset of disease (e.g., fight or flight response). The diagnosis of cancer was interpreted as a crises by all participants. Although their reactions and attitudes to the disease varied, everyone construed the experience as a major traumatic event in their lives.

2. Confrontation with disease. Those who accepted their disease (see Tables 2, 4 and 5) confronted their personal deaths, whereas those who avoided a consideration of the meaning of their disease also avoided a confrontation with their own mortality (see Tables 1 and 3).

3. Psychological reaction: The psychological reaction to living with cancer was related to the nature of the confrontation with the disease. The three participants who reported acceptance reactions authored psychological experiences which ranged from an introspective search of "true" self (see Table 2) to the creation of meaning in new circumstances (see Table 4) to the reactivation of a search for meaning in religion (see Table 5). Those who tended to avoid a confrontation with their diseases (and consequently their deaths) manifested psychological trauma in terms of the need to understand themselves better (see Tables 1 and 3).

4. Emotional trauma: Psychological reaction is a blanket term to describe a process which contained emotional trauma; they have been artificially separated to allow for a discussion of feelings independent of other psychological factors.

Emotions (e.g., fear, anger, guilt) were directed inwards onto oneself or outward onto others. One individual, for example (see Table 5, session five), retroflected anger that she had felt towards a co-worker into herself. Another pariticipant (see Table 3, session one) displaced some of his fear of cancer onto his oncologist. The intensity of and inclination to work through emotions varied, but all co-researchers reported negative feelings.

5. Cognizing situation or self. The level of cognitive understanding varied from person to person dependent on the level of individual functioning and psychological development. Generally, a broader understanding of the situation ensued for those individuals who had accepted their diseases and acknowledged their emotional trauma (see Tables 2, 4 and 5). Cognizing "self" was a part of the process for those who had been less inclined to confront their diseases and related emotional issues (see Tables 1 and 3).

6. Cognitive recognition of the need to expiate negativity. This phase, to different degrees, involved an expanding or more holistic awareness of oneself or one's situation and a corresponding cognitive shift or change in

world-view. When the negativity became too intense or oppressive, the need for relief seemed to impel a cognitive shift to allow for reconciliation or resolution (e.g., Table 5, session three - Evelyn reported that she had to conquer her problem but could not do so until she had had her "revelation").

7. A release from the burden. Each participant experienced a very different "letting go" or release of negativity. Two co-researchers released defenses to personal growth. One let go of the denial of her death (see Table 1, session 4) and the other released negative emotions by lifting his repression of them and disclosing them to the group (see Table 3, session four). Two participants let go of their resistance to transcendence by releasing intellectualization of their situations. (see Table 2, session 3 and Table 4, session four). Evelyn released her resentment towards a co-worker (see Table 5, session five).

8. Acceptance of new world-view and the tension between negative and positive dimensions in it. For example, when Corey released the denial of her death she acknowledged and accepted her own mortality and when Lena construed "being forgiving" as a different way of functioning in her world, she also accepted the struggle she believed would be part of each encounter with forgiveness.

This pattern describes the process of forgiveness therapy for the five cancer patients in this study. All participants began their processes by explicating their

psychological reactions and emotional trauma related to cancer. The problem or issue which precipitated membership in forgiveness therapy was then discussed (implicitly, explicitly, or metaphorically). A cognitive appraisal of the issue, which included self-evaluation led to an expanded, more holistic awareness of the situation and a corresponding need to relieve or reconcile the problem. A release from the burden of negativity and the old way of being-in-the-world followed. Negative emotions were either dissipated or confronted. An acceptance of a new world-view concluded the process.

Table 1

Thematically Abstracted Description of Corey's Therapy Experience

| Topic | Transcribed Protocols | Levels of Protocol Abstraction | |
|---|---|---|---|
| | | One | Two |
| Session One | | | |
| Cancer | Cancer didn't really affect me in the way I thought it would have. It was traumatic, but my divorce created more problems for me because I felt that I had no control over it. When I got cancer I kept very busy and never thought "poor me." I think it is stress-related but I know it's not my fault. I try to be sensible. | Rationalizing denial, construing existence with cancer, coming to terms with the disease. | Initial trauma of onset of disease. |
| Divorce | Following my divorce, I discovered all of our friends were my friends, it made me feel good. Maybe if I'd been less forgiving I wouldn't have put myself through so much grief - but I feel sorry for him. He's an alcoholic and broke. He's no longer with the woman he left me for; I keep taking him in. | Discovery of need for relationship and feeling of isolation. | Psychological trauma, dependency, fear, ambivalence. |

| | | | |
|---|---|---|---|
| Self concept | Who would want a woman with one breast; a woman who might die soon? But then, that shouldn't matter because he would want me for me, the way I am. I should think of me though, not some man that I don't know! | Questioning her adequacy as a person, self-doubt, dependent on others' perceptions. | Negative self image. |
| Life/death | It's hard to figure out where I should go with my life right now. If I knew how much time I had left, it would be easier to know whether to assume practical responsibility or just have fun. | Uncertainty about future. | Confusion. |
| Feelings | I'm a thinker, I rationalize everything and then think my feelings correspond, but I don't think they do. I don't really know what my feelings are. | Growing awareness of divided self, out of touch with feelings. | Beginnings of self acceptance. |
| Session Two | | | |
| Forgiveness | I keep thinking I should deal with other people but I'm sick of it; I missed the "me" generation so I'm going to do it now! | Awareness of need to accept responsibility for self, to make meaningful choices. | Need to accept self, the initiation of self exploration. |
| Cancer | I know anyone can get cancer, but I never thought it would happen to me. | Implicit belief in immortality. | Avoidance of life and death, denial of mortality. |
| Feeling | I think I've forgiven, but then I don't know if I feel it. | Senses gulf between thoughts and feelings. | Awareness of divided self, related emotional trauma. |
| Session Three | | | |
| Forgiveness | I don't think you have to be all forgiving. People are always going to annoy you. Instead of letting people press my button, I just say "O.K., he's like that." But it's one thing to think that and another to feel it. | Trying to rationalize gap between her experience and her ideal self, expressing problem with self-acceptance, inadequacy. | Need to accept feelings, caught up in critical self-evaluation. |

| | | | |
|---|---|---|---|
| Depression | I used to have a deep sense of joy, always. The loss of this seems to be depression. I deny that I'm O.K. and then realize I am O.K. I want to get my old 'spring' back; it's frustrating. | Divided self, split, difficulty accepting herself and her feelings, caught up in self-judgment. | Opening to feelings, recollection of past life energy, something missing. |
| Coping | I know that I am coping well. I have triumphed over my situation, but I want to get it all now, i.e., have fun, do things I've put on the back burner, meet a man to love and who loves me, lose weight, etc. I just don't have time. | The gulf between fantasy and relity, anxious to fill agenda, wants to discover deep feelings and self acceptance, but is afraid of opening up to look. | Expression of the wish to meaning but avoidance through excuses. (dilemma) |
| Session Four | | | |
| Reading | I remember reading Solzhenitsyn's book, The Cancer Ward. It gave such a feeling of helplessness and depression. | Fear of some of the realities of human existence. | Fear of painful realities. |
| Feelings | I felt uplifted after our last session. It could have been related to the affirmations, or could have been my normal manic depression. I can never pin-point what makes me feel a certain way. | Divided self, emotional flip-flop. | Caught up in pattern of neurotic anxiety. |
| Cancer | When I got cancer, I couldn't believe it happended to me. I come from a long-lived family, but I said to myself " You might not be immortal after all." | Confronting death, implicit sense of having lived as if she were immortal. (Pretense is over) | Release of denial of death. |

| | | | |
|---|---|---|---|
| Death | Many of my dying patients harbor resentments against family members and get it out before they die. People who die best are the ones who have forgiven and come to peace in themselves, the ones who could die, but don't, are either afraid and don't want to leave until they're at peace or they're strong and want to stay as long as possible. One of the best deaths was a little old lady who during her illness, resolved her conflicts with her son and husband and then died peacefully. | Struggling to find her own way of reconciling herself to her own mortality. | Acceptance of of her mortality. |
| Feelings | I feel depressed, yet I'm afraid to feel depressed for fear of my cancer returning; it's hard to accept life as a single woman with one breast. | Deep seated existential anxiety, experiencing the pain of pain and fear of fear. | Openness to negative feelings and realities juxtaposed with fear of experiencing them. (Double bind) |

**Corey**

Personal Information: Corey is 42 years old, divorced and a mother of two children. She is employed full-time in the medical field. She was diagnosed with cancer two years ago, underwent surgey and is currently on an oral chemo-therapy program.

The Therpay Process: Corey explained why she participated in forgiveness therapy:

> It's hard to figure out where I should go with my life right now. Having cancer makes me wonder whether I should go out and have fun or assume practical responsibilities like paying off the mortgage. I'm a thinker - I rationalize everything, but I feel caught in the middle - I can't decide. It's had to make decisions all alone, without a husband. I know the divorce and my cancer were not my fault, but I'm so hypercritical of myself. I want to forgive myself for the things I don't like about myself like being untidy, overweight and too talkative.

During the course of therapy Corey continued to express such confusion (e.g., "I wish I could think that I was as well balanced as friends say I am."), self-doubt (e.g., "Why do I always want to think of myself as others see me?"), critical self-evaluation (e.g., "Who would want a woman with only one breast?"), and concern about the gulf between her thoughts and her feelings ("I think I've forgiven, but then

don't know if I feel it") yet, she avoided confronting her negative feelings or existential realities because of the fear of a relapse of her disease:

> I must try to be up and happy and not let things get me down. All of my family have lived long lives and I figured I would too. If I let myself get down, the cancer might recur.

Paradoxically, the stress and anxiety underlying her denial, may be creating more stress than that created by facing her illness. Cognitively, she wanted to, but emotionally, she was afraid to confront her issues (e.g., fear of death) and was consequently caught in a painful double-bind situation. Her sense of self as anxious and divided (e.g., my manic-depression") was associated with Corey's fear of redeveloping cancer if she allowed herself to feel her "fear-feelings," and the pain of living without an intimate relationship.

> I want to get out of this rut. There are so many things I want to forgive myself for, I can't decide what I should choose.

The double-bind of a divided self was also revealed in terms of the dichotomy between her presentation as a witty, verbal, energized woman and her description of herself as depressed and anxious. Corey, it seems, needed to work on self-awareness and to confront some existential issues before she would be ready to expiate any negativity associated with her self image.

Corey initially confronted the trauma of her disease through avoidance:

> I realized it was a trauma in my life, but I kept very busy and didn't really think about it. It was much easier dealing with cancer than it was coping with my divorce.

Corey avoided thinking about her disease and her personal death. This may be related to her difficulties in assuming responsibility for creating a meaningful future (see Table 1, session 1).

The researcher attempted to show compassion in view of Corey's recalcitrance, for as Osborne (1982) reminds therapists "Maslow's notion of the individual poised between growth and security needs....reminds us that all choices are 'good' if we believe in the natural wisdom of the organism." Corey's resistence to an in-depth exploration of her fears at that particular time may have been necessary for self-protection. In addition, (see Osborne, 1982) this therapist is also struggling with and has not completely reconciled some existential issues avoided by Corey (i.e., fear of death, sense of isolation). Corey may have experienced a pre-reflexive sense of my struggle. Her awareness of my difficulties may have inhibited her understanding of her defenses to her own death and isolation. Perhaps she felt that I would or could not "help" her if her current world-view "disintegrated" in the face of openly confronting her fears.

Corey's psychological reaction was experienced through her need to explore and understand herself. She reported that she was dependent on the perceptions of others to make her feel good. Corey's negative self image precluded her capacity to feel good about herself.

Her emotional trauma was related to her divided self. She wanted to but was afraid to confront her feelings, and her existential realities in depth (see Table 1, session 4). She has experienced an emotional flip-flop. Cognitively, she recognized her emotional needs (e.g., to confront her fear of death) and wanted to create a clear meaning for her life. Emotionally, she was afraid to feel the pain she anticipated if she were to have confronted her issues. She therefore avoided the responsibility for creating a meaningful future by denying herself the opportunity to work through her problems. This whole dilemma has been very disconcerting for Corey and has created a pattern of neurotic anxiety.

> Individuals who have had significant emotional distress in their lives and whose neurotic defenses have resulted in self-restriction, may encounter exceptionally severe difficulty in mid-life, the time when aging and impending death must be recognized" (Yalom, 1980, p. 196).

Yalom's observation succinctly describes Corey's difficulty.

Cognitive re-structuring occured in the form of a more expansive awareness of her pattern of neurotic anxiety (see Table 1, session 4) which enhanced her self-awareness to

some extent and seemed to give her the courage to admit that she "might not be immortal after all." She tentatively initiated a confrontation with death by confessing her pretense of living as if she were immortal. Corey released denial of her death (see Table 1, session 4) and then faced the struggle of finding a way of reconciling herself to her own mortality. The acceptance of her mortality appears to have been a very significant breakthrough for Corey. She chose to allow herself to feel and to accept her fear and sadness and found that the group and the researcher were very supportive.

Corey did not participate after session four. She explained that she was "too busy." The author telephoned Corey regularily. She did attend the pot-luck dinner three months later. During the follow-up interview Corey described herself as "less depressed." She reported that she thought her Transcribed Protocol reflected more negativity than she had experienced during the process of therapy. She qualified her comment: "Well, it was just before Christmas and I always get depressed around Christmas." Although she may have implicitly confirmed the validity of the Protocol, the researcher did go back to the raw data and made some minor changes by including some of her more optimistic statements. The pattern and themes in the abstracted analyses were unaffected. Corey's reaction to her Transcribed Protocol can be understood in terms of her pattern of denying her negativity.

Corey reported retrospectively that she joined the group because she was feeling unsettled and looking for peace of mind. She said that she benefited most from the relaxation exercises. She mentioned that it was interesting to her that group members gave so much of themselves and quickly added:

> I really couldn't be bothered forgiving my husband and in-laws. I guess I wasn't really into forgiveness. I guess what came out of it for me is that I can think about my death and I have thought more about things and I do feel that I understand people better. This seems important since I'm in the helping professions.

It would seem that Corey's pattern of denying or avoiding her issues was not radically altered after participating in the group. Her defenses likely serve to protect her, unfortunately they also seem to block her capacity to reframe her situation in a way which excludes the double-bind anxiety. Confronting her mortality and releasing the denial of her death do however seem to have had positive repercussions for her. The author has offered to do personal psychotherapy with Corey.

Table 2

Thematically Abstracted Description of Don's Therapy Experience

| Topic | Transcribed Protocols | Levels of Protocol Abstraction | |
|---|---|---|---|
| | | One | Two |
| Session One | | | |
| Cancer | Cancer started in my mind and moved into my body. If I get my mind well, my body will get well. I think that stress played a trigger role in starting cancer. | Reflecting on etiology of disease and change in self concept. | Initial trauma with onset of disease. |
| Self | I have to examine my life and self; I've been hiding. I need to make some changes so I can be what I have the potential to be. | Need for self-examination as a part of the process of change. | Search for meaning of the lived experience; psychological trauma. |
| Forgiveness | I have to figure out and forgive stresses from my past; this will help heal my mind. I have to forgive my 'self' so that I can be truth, love and good - which I will be if I let go of my ego. | Need to expiate stress; wish for reconciliation through forgiveness; recognition of potential self. | Search for meaning of the lived experience; emotional trauma. |

| | | | |
|---|---|---|---|
| **Session Two** | | | |
| Cancer | During the summer I decided 'not to be sick.' I changed my attitude toward myself. I viewed myself as 'well' and am now living accordingly, i.e., working hard, spending time with my family. | Shift in perspective, situation is construed differently. | Exercise of choice and will; cognitive shift in world view. |
| Resentments | i)I recently resented my wife for the way she was disciplining our children; I felt frustrated. I did the relaxation exercise and called on my inner advisor for advice. I ended up forgiving her and decided that my example would be her teacher. ii)I resent my 'false-self' ego - the ego which is deceitful and feels guilt. I need to forgive this ego so that the negativity in it is not in me. | Awareness of negativity; frustrating situation led to cognitive resolution through forgiveness. Awareness of the power of negativity in life. | Release of negativity in domestic situation; need to release negativity from self. |
| Conscious/ unconscious | I need a balance during relaxation. I either fall asleep or concentrate too much on being alert. I need to trust my unconscious state to recall my blocked thoughts. | Need to look at self more closely; need to overcome defensiveness. | Awareness of self-division, search for wholeness. |
| **Session Three** | | | |
| Forgiveness | I haven't defined the end product of the forgiving process; I don't know what I'll be like or how I'll act, but I'm working towards it. Whatever happens naturally is best, rather than trying to make things happen. | Trying to organize forgiving process cognitively; trying to understand his existence and reach for something that he does not quite know what it is; searching. | Letting go of cognitive control for contact of authentic self. |
| Affirmations | (Planning his approach to the exercise:) - I'll find some situation where I felt guilty or maybe hated myself, or, I may have to use someone else to forgive for the sake of the exercise. | Cognizing and rationalizing his inner search. | Anxiety-avoidance. |

| | | | |
|---|---|---|---|
| Session Four | | | |
| Conscious/ unconscious | Sometimes it's best to leave things alone so they will be resolved subconsciously. | Surrendering analysis and rationalization. | Trying to let go of intellectualizing. |
| Resentment | I've wondered alot about my feeling of resentment toward my mom. Tonight I realized it's because she was always pampering my 'sickly self'. The resentment is gone now. This is an example of my belief that if I ask myself why I feel guilty or resentful, the answer will come. | Understanding self; understanding reciprocity of self-other relations; letting go of long-standing resentment. | Letting go of resentment; trying to create meaning for life in future. |
| Needs | In Maslow's terms, I no longer have the lower needs. I now have the need to self-actualize. | Cognitively defining potential self. | Creating meaning for life in future. |
| Session Six | | | |
| Alternate health care | It's necessary to use the many sources of skill and knowledge available to heal, e.g., iridology, spiritual healing. | Notion of something 'more' in existence. | Will to live. |
| Life/death | It's necesary to identify who you are what you're here for; self actualization is important. I need to be fulfilled before I die. I have to walk the path of truth and honesty. | Immanence of death motivating creation of meaning in life; cognitive awareness of potential being as something he can still experience. | Acceptance of mortality and consequent need to find meaning in present and future. |
| Forgiveness | Forgiveness is one way to get self-actualized. I wanted to focus forgiving myself, but I focused on other people. Being forgiving gets 'unfinished business' off the plate, enhances self esteem, self fulfillment and the feeling of peace. | Expressing need to use remaining time to involve himself in a process that creates meaning. | Creating a future in which he can actualize existence. |

| | | | |
|---|---|---|---|
| Spirituality | Since my diagnosis with cancer I've been exploring my own spirituality. Forgiveness fits into my life right now for this reason. Revenge doesn't enter my thoughts now, I've moved into the mode of 'being forgiving'. I want to walk the path of truth and honesty so I don't hurt people and don't feel guilty. | Trying to transcend his lived-experience; rationalizing the essence of his life, cognizing unconditional love. | Awareness of changing existential self;'creating meaning for future life. |

**Don**

Personal Information: Don, in his early thirties, is married, has three children and works as an administrator in an athletic facility. He was diagnosed with cancer about one year ago and is currently on active chemotherapy. Since he developed the disease, Don has actively sought to facilitate his healing process physically, psychologically and spiritually through orthodox (e.g., treatment at the Cross Cancer Institute) and alternate (e.g., iridology, spiritual healing) health care systems.

Therapy Process: When Don was diagnosed with cancer he made a personal commitment to take a direct role in his healing process. Don explained why he chose to participate in forgiveness therapy:

> I think it's necesssary to balance our physicality, psychology and spirituality. The church doesn't meet my spiritual needs so I'm trying to fulfill myself spiritually through other means, like the Positive Life Organization. This group is another way. I think forgiving might be a good way for me to help myself heal my mind of the stresses I allowed to play a trigger role in starting my cancer and negatively influence my life. If I forgive myself for these stresses, my body and mind will be free of them.

During the first session Don talked about the trauma he initially experienced when he confronted his disease and

felt its impact on his life:

> I was shocked. It was terrible. I tried to be optimistic, but I wasn't. I concentrated a lot on myself as a sick person. I took it easy at work and was careful not to overdo it.

Don directly confronted the psychological and emotional trauma (see Table 2, session 1) associated with his situation:

> I realized I'd been hiding all my life - afraid to show others my true self for fear I wouldn't be accepted. I need to forgive myself for who I am.

His psychological reaction initiated a search for wholeness and a drive to fulfill his potential self (i.e., "the self which is truth and love and everything good"). To realize his aims, Don has engaged in a self-examination process. Emotional trauma was related to the need to reconcile the potential self he conceptualized and the ego self he described as being deceitful, distressed and ridden with guilt (see Table 2, session 1). Forgiveness was viewed as a way to dissolve the ego and allow his potential "self" to develop.

A cognitive shift in world view ensued five months after diagnosis when Don decided to frame his circumstances differently and change his attitude: "I decided I wasn't sick anymore. I became more alive and found that I had more time and energy for my work and my family." This shift was important to Don (he mentioned it several times) and may

have been necessary for the personal and spiritual growth which occurred in his life: "I had to view myself as well so that I could live the way I wanted to."

Don was reflecting upon a way to transcend his lived-experience. He struggled to increase his awareness of his potential self-actualization as well as overcoming blocks to personal growth. He seems to be using his time to get involved in a journey that develops his potential - "to attempt to get to the bedrock level of 'what is'" (Osborne & Baldwin, 1982, p. 273).

Forgiveness therapy was experienced as a process of cognitive clarification and release of stresses:

(a) He used relaxation and visualization to help release the frustration related to a domestic situation (see Table 2, session 2) by forgiving his wife for the way she was discplining their children. He then accepted (felt no anger towards) his wife and decided to let his example serve as a model for child-discipline.

(b) He became cognizant of his self-division (i.e., fear of and desire to recall unconscious blocked thoughts) and decided to overcome his defensiveness by releasing his resistance to exploring his unconscious and accepting it as part of his wholeness: "I can now go into the relaxation state without falling asleep or being too alert."

(c) Don tried to cognize an understanding of his existence as a forgiving person who was, paradoxically, in search of his potential but not quite sure what it was. (see

Table 2, session 3). The process of intellectualizing seemed to be a prerequisite for the letting go which followed. Don released his cognitive control and opened himself to his authentic self which seemed to apprehend a realm of human experience which transcends intellection (the spiritual).

A further release of intellectualizing occurred in session four. This was followed by the release through forgiveness of a long-standing resentment Don has felt towards his mother:

> I've always, at least since I was about 12 or 14, had a resentment against my mother, but I never knew why. I guess I buried it subconsiously. I was a sickly child. I had asthma and rheumatic fever and was always being pampered and protected by her. Tonight, I realized I resented her because she was always pampering my sickly self.... The resentment is gone now. I have gotten rid of that mind-block. I've forgiven her. It really goes to show how if you question a wrong or a stress and ask why you feel the guilt or grudge the answer will come - from somewhere! My answer came when Sam was talking about his mother.

When Don was asked whether he was sure that he had correctly identified the resentment, Don reported that he had no doubt because he could feel it in his body. His physiognomic knowing seemed to be a primordial apprehension of the "rightness" of his insight, anteceded by the cognitive

preparation of opening himself to a non-intellectual way of knowing.

Don's occupation as administrator of recreational and athletic programs for youth is likely a compensation for his childhood sickliness and feelings of inferiority (Adler, in Monte, 1977) and provides Don with a way of contributing in his society in a meaningful and self-satisfying way.

The therapeutic process culminated in sesson six when Don presented a more holistic, clearly-articulated apprehension of his potential existence and its meaning within his life:

> I think there is a lot of value in forgiveness. It's a way to help me live my life in truth, with total honesty. It's an ongoing process; I don't want to hurt people. Forgiveness is helping me to get rid of that ego - that deceitful, dishonest, guilty part of me which prevents me from being totally honest with people and prevents me from self-actualization.
>
> When I confront death, I realize how important self actualization is to my life. I want to attain fulfilment of my self before I die. Forgiveness gives me a feeling of fulfilment, peace and also self-confidence. Forgiving is very good for my self-esteem and for peace. The more I forgive, the more confident and peaceful I am; forgiving is one way to get self-actualized. For me there were no steps. It's hard work to conciously choose to

> forgive people when they seem responsibile for a bad feeling in me - it's easier to operate in my false "ego-self" and not think about being forgiving, but forgiving is very important to my fulfilment and it really is happening. It really doesn't enter my thoughts to want to get people and take revenge.

Don demonstrated a deep awareness of his changing existential self. His understanding of the reciprocal nature of self-other relations and how such reciprocity defines the fulfilment of his potential self through the actualization of a love greater than object love (Fromm, 1954) was a very meaningful process in Don's psychological and spiritual development.

During the pot-luck dinner, we discussed the implications of forgiveness therapy for our lives. Don explained his view:

> When I thought back on forgiveness therapy for me, I realized that the way to go is to teach what we have learned to others - to teach about the power of forgiveness to boost self-esteem and confidence. I did actually teach a course on forgiveness and it went really well. Of course I had to test and clarify my ideas when I drafted the course; that was very good for me.

Don seems determined to continue to enrich his life. Cancer, the dreaded disease it is, precipitated some very important changes in Don's world-view. His confrontation

with his death, search for wholeness and authenticity, and creation of new meanings do truly seem to have enhanced Don's self-awareness, relations with others and purpose for his life.

Table 3

Thematically Abstracted Description of Sam's Therapy Experience

| Topic | Transcribed Protocols | Levels of Protocol Abstraction | |
|---|---|---|---|
| | | One | Two |
| Session One | | | |
| Cancer | I decided there was no sense worrying about cancer, it wouldn't have made anything better. I had to deal with everyone else's panic, especially my mom. She didn't hear me. She just panicked. | Reliance on stoical, rational way of dealing with disease; passive acceptance. | Initial trauma with onset of disease. |
| Life/death | I knew that I'd make it (i.e., survive), so I had to re-evaluate what I want to do with my life. I am now looking to find more worth in what I do. I've always lived just for the present, now I want a future. I feel more responsible for my life; I'm growing up. | Sense of stoical personal identity; sense of needing meaning for future. | Process of self-examination; psychological adjustment. |
| Group experience | We all have a problem in common. This creates a family atmosphere in which everyone is very open and honest. | Emergence of self through group membership; feeling of relationship. | Beginning of experience of relationship and self within group. |

| | | | |
|---|---|---|---|
| Resentments | If I had resentments, they'd be against i)a doctor at the Cross for treating me like a number, ii)the Cross, because of the possibility that my blood test got mixed up with someone elses and my relapse went unnoticed for months, and iii)my mother, for panicking and then over-protecting and pampering me. | Displaced anger; rationalizing resentment. | Directing negative emotion outward. |
| Session Three | | | |
| Therapy experience | From hearing others talk, I've found I'm not alone with my feelings regarding cancer. I feel alot of the same feelings as Corey. | Growing awareness of his feelings related to his disease; need for relationship and feeling of connectedness. | Growing self awareness; beginning of cognitive shift. |
| Relaxation | When I made the relaxation tape, I asked myself - is that really what I sound like? I realized that it's easier to understand someone else before myself. I do realize that it's important to understand feelings. | Reflecting on self-understanding and feelings. | A process of self-reflection. |
| Visualization | I saw my inner advisor as a wise old man with white hair in a white robe and surrounded by white radiance. He advised me to think through my situations and make the best choice. | Reflecting on responsibility for choices; rationalizing responses. | Expanding self-awareness. |
| Affirmation | I feel guilty about the things I can't change. I always overlook the things I can change. I'm always afraid of saying or doing the wrong thing. I'm too laid back. | Reflecting on being stuck, frozen; sense of helplessness; avoidance. | Critical evaluation of past behavioral patterns; new awareness of choices for action. |

*Session Four*

| | | | |
|---|---|---|---|
| Group experience | Sharing thoughts, ideas and experiences is very helpful. It made me feel good to think I helped Don. | Developing awareness of co-constitutionality and reciprocity of self-other relations. | Experience of good feeling through relationship. |
| Stress | I've never thought much about stress. Now I realize that the anger and frustration I felt because of my mom's behavior created stress. This, combined with other stresses could have contributed to my relapse. | Rationalizing anger and hurt. | Search for meaning, explanation of disease. |
| Relationships | If communication links with mom had been open, the problem could have been solved before it got out of hand. I couldn't handle her constant attention during my cobalt treatments; I didn't want to hurt her feelings but I had to tell her to leave me alone. | Rationalizing mother-son relationship (core issue); cathartic benefit. | Release through sharing negative emotions; creation of meaning. |

*Session Five*

| | | | |
|---|---|---|---|
| Relationships | My mom wasn't listening to me when I called to tell her I had cancer. She panicked and yelled at me so I hung up the phone. I don't know if I did the right thing. I don't really feel a need to forgive her; I was worried I'd hurt her. | Experiencing self-doubt, guilt, anxiety. | Expression of feeling of isolation; lack of communication with mother. |
| | My brother is living in my mom's apartment, my father gave him a car. It might be unfair that he is getting all the advantages but it doesn't bother me because eventually he'll have to work for things. What I have, I worked for. I feel good about that. | Rationalizing resentment; stoical attitude. | Expressing feelings of isolation and resentment. |

| | | | |
|---|---|---|---|
| Resentment | I never think about dealing with resentment. I try not to let things affect me. Sometimes it's best not to stick my nose in and stir things up; all hell breaks loose! | Sense of inertia, passivity; avoidance. | Fear and avoidance leading to isolation. |
| Visualization | I visualized being at a party in the country, beating on an old car with a sledge hammer to release frustration and stress. I can use techniques I've learned here in other areas of my life. | Getting in touch with anger; talk of frustration and stress. | Acceptance of negative emotions and need to express them. |
| Session Six | | | |
| Cross Cancer Institute | It would be a good idea to have therapy groups like this one at the Cross for people when they're waiting for their treatments. What with this group I see how it would have been useful for me to have had some therapy. | Realization of therapeutic benefit. | Rationalizing recollection. |
| Stress | I'm alot more aware of stress. I've never thought about stress before, now I realize how much stress I've had in my life. Maybe stress played a role in my cancer. | Reflecting on past and etiology of disease; increased awareness of negativity. | Seeing possible explanation of his situation; considering link between physical and psychological. |
| Relaxation | I used to shrug things off like I didn't care; maybe deep down I did care. Now that I've learned relaxation, I can allow myself to care and feel because I can use relaxation if I don't want the stress to get to me. The group was valuable for me because I learned about stress and relaxation. | Awareness of past denial of feelings and avoidance. | Recognition of past patterns; glimpses of possible change; acceptance of feelings and need to express and resolve them. |

**Sam**

Personal Information: Sam is single, in his late twenties. During forgiveness therapy he was unemployed and seeking employment as a blue-collar worker. He was diagnosed with cancer about three years ago, underwent cobalt treatment, experienced a relapse followed by another series of cobalt treatments, and is currently in remission.

Therapy Process: Sam's journey centered on the core issue of his mother-son relationship. The therapeutic process involved a growing understanding of himself, his disease and the reciprocity of self-other relations. Talking about his emotions, clarifying his situation in the context of his personality traits and recognizing some past patterns helped Sam generate new awarenesses. Forgiveness therapy seemed to initiate Sam's confrontation with some psychological and emotional trauma associated with cancer which had previously been avoided.

Initially, Sam reacted to his disease with stoical, rational acceptance (see Table 3, session 1), certain that he would survive. His survival created a need to author a meaningful future: "I don't want to party my life away. Now, I'm looking to find more worth in what I'm doing."

Psychological difficulties surfaced in relation to his mother's reaction to his disease during a long-distance telephone conversation:

> I was fine. I couldn't do anything to change it. I had cancer and that was the way it was. The hard

> part was dealing with everyone else's panic. My family had real problems dealing with it. Like my mom - she just didn't hear me. I was telling her to calm down, but she just kept on shouting, telling me she'd come right away - make all her arrangements - miss work - get a flight, etc., etc. She went on and on. I had to hang up on her.

Sam's mother and his relationship and confrontation with her, can be viewed as a metaphor for his disease. The evolution of his understanding of himself in relation to his mother may be analogous to his confrontation with cancer. Inititially, he hung up on his mother and effectively disconnected contact with the issue and its attendant feelings; however, his mother did come to Edmonton during Sam's treatement regimen and the mother-son relationship was confronted. His disease also relapsed and he is now beginning to confront some feelings and issues related to cancer.

Sam displaced emotional trauma outward onto his oncologist (i.e., anger), the Cross Cancer Institute (i.e., fear) and his mother (i.e., hurt) (see Table 3, session 1). Ratonalizing his resentment onto sources such as these helps to explain why Sam decided to focus on "relaxing rather than forgiving." Although he did not verbally express this perspective he likely intuited that it would be of greater benefit to him to develop the capacity to confront and own negative feelings before he'd be ready to forgive.

> I never really thought about stress. What with everybody here talking about stress in their lives, it gets me thinking about stress in my life. There was stress in my life and there still is. I just really never knew it. The relaxation feels really good because when I'm in that state I feel great - I don't feel any stress.

Although, compared to other group members, Sam was reticent and spoke least of all, his participation appeared to be very significant for him. He reported, several times, that he felt a sense of relationship with the group members, that it was good for him to know that other people felt the same sort of feelings, related to cancer, as he. Considering that Sam felt misunderstood and isolated following his mother's reaction to this disease (see Table 3, session 1), the sense of connectedness with the group may have been crucial to Sam's growing self-awareness. He seemed to feel safe in the group context and permitted himself to disclose some negative behavioral patterns (e.g., "I'm always so laid back I hardly ever assert myself; I always feel guilty about how much more or better I can do but I'm always afraid of doing or saying the wrong thing; I always seem to be in my own little world") and avoidance reactions (e.g., I'm always late, never on time and always so slow.") He tended to rationalize his negativity away by viewing himself incapable of making change. Sam's reflections on being stuck and frozen prefaced his discussion of his mother-son

relationship. Sam did not explicitly cognize the direct influence of the relationship in terms of learned helplessness (Seligman, in Beck, 1976), however cognitive effort was invested in expanding his understanding of the relationship.

Sam's growing sense of himself and of the reciprocity of self-other relations, seemingly catalyzed by his feeling of connectedness with the group, corresponded with the beginning of a cognitive shift; he began to view the interrelatedness of his past, present and future and his interactions with others in a more expansive context. He reported:

> When I was little I was sick alot. My mother over-protected and over-mothered me. I was babied all my life and still am. When I started my cobalt treatments, she seemed to be always at my elbow asking if I wanted some of this or that, and always seemed to be pushing food at me. I know that she didn't mean to bother me, she was just trying to be a good mother. I felt anger and frustration because I couldn't handle this constant attention and I didn't want to hurt her feelings. Finally I said something to her; I had to - the anger and frustration was building up inside me - growing and growing and festering. It created a lot of stress and I'm not sure but it may have had some sort of result, along with other stresses, for my second set

> of treatments. I should have put my foot down sooner, but my mother was not listening to me.

His mother's fears and difficulties have had repercussions on Sam, however, disclosing himself to the group seemed to have a cathartic benefit.

> I came out of the session feeling better about myself being able to relate to others how I felt and how I handled a problem in my past and got it off my chest. I seemed to have opened a door or shone some kind of light that Don picked up on. He expressed how my problem had brought him to realize a resentment of his past.

Sam experienced a release through the sharing of negative emotions and consequent creation of meaning in the realization that his problem had helped someone else. He released suppressed negativity by publically expressing it. He probably also let go, to some extent, of the boundaries to a more mature adult-adult (Berne, 1964) relationship with his mother.

The release Sam experienced seemed to facilitate his expression of other resentments (e.g., his brother) and to risk the disclosure of his feelings of isolation and fear (see Table 3, session 5). He came to accept both his negative emotions and his need to express them.

During the last session, Sam indicated an awareness of his past pattern of avoiding feelings by denying them and revealed glimpses of possible change: "I can allow myself to

care and feel because I can use relaxation if I don't want the stress to get to me." He confirmed his newly-found acceptance of feelings and also his need to express and resolve them.

In retrospect, Sam reported that forgiveness, per se, was not a concern for him, but that the therapy had been helpful because he had learned about stress and relaxation. Perhaps more importantly, the group helped Sam to expand his understanding of himself (e.g., his passivity) and the reciprocal relations he has with others (e.g., his mother), his past pattern of avoiding issues by rationalizing the negativity away and his capacity to release negative emotions by disclosing them. The release he experienced could be construed as the beginning of a forgiving process, however Sam did not frame it that way. In terms of the mother/cancer metaphor, Sam's release of frustration born out of his mother-son relationship is synonomous with the release of fear of cancer. His confrontation with his mother was a confrontation with cancer and some resolution materialized. His glimpses of possible change seem to be anchored more securely than they were three years earlier when the psychological and emotional traumas were avoided.

Table 4

Thematically Abstracted Description of Lena's Therapy Experience

| Topic | Transcribed Protocols | Levels of Protocol Abstraction | |
|---|---|---|---|
| | | One | Two |
| Session Two | | | |
| Cancer | Upon being diagnosed I experienced fear, anger and lonliness. Following near death experiences, I lived each day with intensity, but after one year of active treatment, I was very confused. This phase was followed by reflection and growth; I realized I had a second chance at life. | Reflecting on emotional trauma; acceptance of death leads to encounter with and affirmation of life. | Emotional trauma of onset of disease. |
| Forgiveness | I feel a readiness for God in my life but have some unfinished business to clear up; forgiving should help me. | Meaning in death through faith in God; making plans to develop spiritually. | Confronting spiritual needs; meaning through transcendence. |
| Visualization | I visualized my grandmother as my inner advisor and realized I needed to forgive her for dying. I did. | Practising forgiveness. | Acceptance of death. |
| Stress | Stress may have played a role in my cancer, but it's a cop out to view it in cause-effect terms. I don't really know why I developed the disease. | Reflecting on role of fate and responsibility as they relate to the etiology of cancer. | Acceptance of the uncertainty of existence. |

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| Session Three | | | |
| Forgiveness | I'm feeling very confused. The whole area of forgiveness is now like a big tangled web. When I first came, I wanted to forgive only one person, now - forgiveness seems to be connected with every person, event, and issue. It seems to be my process of becoming a 'forgiving person.' I'm looking at everything in tems of forgiveness. It's alot more than I initially thought. | Confusion; feeling consumed with the need for cognitive understanding; an expansion - seeing things differently. | Groping towards a change in world view; cognitive mode of searching for a path towards meaning. |
| Assertiveness | I'm now feeling guilty about my assertiveness, because I'm trying to live with the consciousness of being a forgiving person. | Attempting to reconcile perceived conflicts in personality. | Need for resolution (search for meaning). |
| Coping | I was angry and insulted by speaker - a doctor who spoke on the subject of coping with cancer. I was assertive with him rather than being forgiving. | Anxiety; awareness of split or lack of unity in personality. | Experiential mode of searching for resolution of conflict. |
| Session Four | | | |
| Forgiveness | I've been consumed with trying to figure out the schema for being forgiving - now, I feel that I can leave it alone. It's not something I can figure out. Maybe I'm not ready to pack away the hurt and anger, but that it may come to me as a revelation is very comforting. | Openness to new possibilities for meaning. | Letting go of intellectualizing. |

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| Self-concept. | Following my treatments I lost my childlike naievity; however, I have a deeper sense of meaning in life. The core essence of me is the same, but I'm different from other people my age. My greatest growth has come from critical reflection on my life. I have experienced a profound growth in wisdom; I feel mature and wise; there is no turning back. | Realization of uniqueness as a person; perception of personal growth. | Acceptance of self. |
| Resentments | Alot of my resentments have dissipated by working through them via a written dialogue with the individual (e.g., oncologist, music teacher) with whom I felt I had a problem. | Resolution of conflicts through personal dialectic. | Finding self and peace through relationship with her world. |
| *Session Five* | | | |
| Forgiveness | I seem to be understanding forgiveness by not dwelling on it. I realize that I have a global approach to learning; dissecting is not my way of learning. Forgiveness may be an ongoing process in our lives. I don't think we ever reach a stage of absolute peace; I feel comfortable still having questions. | Apprehension of forgiveness as a physiognomic way of being-in-the-world. | Apprehension of changing world-view. |
| Grieving | The time factor and definitive stages in the grieving process don't seem to apply to the forgiving process. | Discriminating forgiving from grieving. | Clarification of concepts in changing world-view. |

Session Six

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| Forgiveness | I see three phases in the forgiving process: i) being totally unaware and feeling in the bottom of the pit, ii) becoming aware that life is an ongoing process of forgiving people, iii)being subconsciously skilled. I believe that the potential to forgive is in everyone and that when a big thing happens and really tugs at our self-worth, we feel vulnerable and trapped. Forgiving, rather than revenge, is the way to enhance self esteem. I know now that it is very important and necessary for me to forgive. | Elaborating on her understanding of forgiveness; apprehension that we are of the world rather than in it and that the reciprocity of self-other relations defines our existence. | Apprehension of dynamic of self-other relations. |
| Peace | When I was most critically ill, I experienced a state of peace. Part of it was that I was in a state of forgiveness - they are so connected; as we become more forgiving, we become more peaceful. | Apprehension of relation between forgiveness and peace. | Acceptance of mortality. |
| Spirituality | I can not separate forgiveness from the sense of my own spirituality. Looking at forgiveness or spirituality in isolation would not have the same sense of meaning to me. Because I am exploring my spirituality, forgiveness is relevant. I am moving towards making a spiritual commitment. | Reflecting on link between forgiveness and spirituality; apprehension that the way to transcendence is the way in. | Creating new meaning. |

**Lena**

Personal Information: Lena is an instructor. She was diagnosed with ovarian cancer five years ago, at the age of 25 years, underwent surgery, and was given a fatal prognosis at that time. She received treatments as an inpatient and then as an outpatient at the Cross Cancer Institute. Determined to cope effectively with her disease, Lena, among other things, educated herself in the area of gynecological oncology, engaged in personal counselling with a psychologist, and took a course at the Personal Development Centre. She has been cancer-free for four years and her disease is currently in remission.

Therapy Process: Lena indicated at the outset that she wanted to participate in the group because she had

> some unfinished business to clear up and I need to forgive to come to peace with it, also, I anticipate that some sort of experience with forgiveness in therapy will contribute towards the development of my readiness for God in my life.

She anticipated that her therapy experience would help her to resolve a conflict she had had with a family member and thereby facilitate her spiritual growth. However, as the sessions progressed, Lena's view of forgiveness became more and more expansive and her process became teleological in nature. She was searching for her own personal meaning in being a forgiving person.

Lena moved quickly through the first four phases in the pattern for she had previously worked through much of her psychological and emotional trauma associated with having cancer. She described near death experiences, the anquish and despair she experienced following extensive and painful treatments, the confusion and critical self examination she endured enroute to redefining her personal identity, and the commitment to affirm, create and live a meaningful life which ensued when she construed her situation as one from which she could learn and grow.

Lena's journey on the road to understanding and integrating forgiveness involved the process of a change in world-view. As therapy progressed, she re-conceptualized her objective and sought a way to be a forgiving person - to change something in the very basic structure of her personality - her way of being-in-the-world.

Cognizing Forgiveness: Lena confronted forgiveness and experienced a conflict in her personality. During the third session, she articulated her confusion and frustration:

> I feel guilty about my assertiveness because I'm trying to develop the conciousness of being a forgiving person - of being loving and caring and giving other people the choice to be themselves without me being critical.
>
> When I initially came, I wanted to work on forgiving one person, and one person only, - now it seems like everything and everybody is somehow

connected with an event or an issue related to forgiveness. It's a very big tanged web of confusion. This process of forgiving is much more than I initally thought. I realize now that I don't have a clear idea in my mind of what it means to be forgiving.

The release: Lena's release during session four was a letting go of her intellectualizing:

I went to a workshop this past weekend and had quite an insight into why I have been so confused about forgiveness. It became apparent to me that I am a global person in terms of how I learn. I go with instincts and feelings. Until now, I've been trying to dissect and analyze forgiveness - to get it defined and packaged, and at the same time try to learn how forgiveness relates to me in my life. Now I see - life is an ongoing process - so is forgiveness - forgiveness is an ongoing process in our lives. I think it's related to peace. When I was critically ill and close to death, I felt very peaceful. Now I realize that I was in a state of forgiveness. I don't think we ever reach absolute peace, but I think that the ongoing process of being forgiving is connected to being peaceful.

Anyways, I feel comfortable still having questions and that makes me feel very good.

Acceptance: Lena came to understand forgiveness as an orientation, a physiognomic way of being-in-the-world, subject to change and evolution through the process of living. Her increasing acceptance of herself, her understanding of the reciprocity of self-other relations and her open-ended conceptualization of the relation between peace and forgiveness were inherent in her apprehension that the way to transcendence is the way in, or the way to transcend existence is to work within it since it is all we have. She courageously struggled with her affective and cognitive confusion and opened herself in a holistic way to apprehend the transcendent nature of forgiveness for her in her life. Her final comments indicated her expansive perception of the ongoing process of forgiving:

> I know now that it is important and necessary for me to forgive. I've made the choice to be forgiving. I still haven't really forgiven the person I wanted to, but now I've raised the whole issue with her to a more conscious level and as I become more forgiving and forgive other people in other situations, I will learn how to forgive her. It's very clear to me that forgiveness and my spirituality are linked and inseparable.

Retroflective View

Lena requested to see and discuss the two levels of analyses abstracted from her transcribed protocol. We met and she validated her protocol and also the levels of

abstraction derived by this researcher.

Table 5

Thematically Abstracted Description of Evelyn's Therapy Experience

| Topic | Transcribed Protocol | Levels of Protocol Abstraction | |
|---|---|---|---|
| | | One | Two |
| *Session One* | | | |
| Cancer | I think that how you cope with cancer depends on the attitude you decide to have towards it. | Reflecting on responsibility of choosing attitude to disease. | Initial trauma of onset of disease. |
| Religion | I left spiritual concerns behind until I got cancer. It's now re-emerging for me; it gives me guidelines on how to get along with my fellow man. | Finding meaning in religion; part of her creation of meaning. | Reactivation of prior pattern of search for meaning; psychological trauma. |
| Resentment | A co-worker came down on me - it seemed that he knew I had cancer and he wanted me out of the way. I hate him. | Feeling hurt, wounded; angry reaction. | Emotional trauma directed outward. |
| Forgiveness | I don't think I could ever forgive him; he really put me down. It was horrible. | Deep hurt | Personalizing the target for anger. |
| *Session Two* | | | |
| Resentment | It was very traumatic for me. I was put down by my co-worker because he didn't want to have to think about cancer. | Rationalizing situation; blaming as a way to express anger in terms of relationship | Personalizing the target for anger. |

| | | | |
|---|---|---|---|
| Forgiveness | I feel that I have to forgive him, my self esteem has suffered so much. How could he have done this to me? But, I can't forgive him - that would mean taking the blame. | Ambivalence about forgiving related to fear of facing situation. | Avoidance of responsibility. |
| Stress | This situation has created a great deal of stress in my life; it's eating away at me and affecting my life in a very negative way. I continually replay the scene in my mind; I have to overcome this. | Sense of tension; need to relieve pressure, resolve the situation. | Need for relief. |
| *Session Three* | | | |
| Forgiveness | I knew I had to conquer my problem, but I just didn't know how. I wanted the relationship to be normal. I used to take things like this and burn up inside. After last session, I had a revelation! I realized that forgiving doesn't mean going to the person and saying "sorry" and admitting guilt. I needed to forgive him in my mind. Coming here and talking and listening, plus having what you said confirmed by my pastor, opened the gate to forgiveness. | Shift in how she construed the situation: the way out is the way in. | Cognitive shift, change in world-view. |
| Self-esteem | He destroyed my self-esteem. Now, I don't feel put down; I feel uplifted. | Clearning negative feelings, relief. | Burden lifted. |
| *Session Five* | | | |
| Change | I am ready now for a new job. I want something creative and challenging. I got this new hair cut; it makes me feel great. | More positive outlook; creation of new meaning. | Release of negativity; consequent improvement in her feeling about herself. |

| | | | |
|---|---|---|---|
| Stress | I used to get too upset if people criticized me or my work. I'd be consumed by it and very stressed; that's probably why I got cancer. | Grasping a broader, more holistic perspective on life; speculating on etiology of disease. | Lifting of self division. |
| Forgiveness | It was my fault for letting myself be affected the way I was; I felt angry at myself for getting into that situation; now I can use forgiveness to let the negativity and stress go. I never thought that that was forgiving, but it is. I can forgive myself too - if I feel guilty about something. I find I'm now not so judgmental. I won't turn resentment into hate feelings. I've had a very, very strong experience; now I need to practice. | Expanding perspective, growing awareness of co-constitutionality; letting go of negativity. | Redemption, forgiveness. |
| Self esteem | If I'd been more forgiving, my self esteem wouldn't have been so shattered. Now that I look at people in a more forgiving light, my self esteem is enhanced. I have every right to be the way I am. | Discovery of the dynamic of relationship the reciprocity of self-other relations; understanding of a wider love than object love. | Acceptance of self and others. |
| *Session Six* | | | |
| Change | Now that I can nip stress in the bud with relaxation and forgiveness, I'm going to apply for management jobs; I'm preparing for interviews. | Optimistic choices, creation of meaning through accepting responsibility and making choices. | Active creation of personal meaning. |
| Forgiveness | Now, after forgiving, I feel very detached from him. He no longer has the power to upset me. I perceive us as having a normal co-workers relationship; instead of tension, I feel peace. I can work through any problem this way. I've learned alot. This experience was so good for me. | Resolution of inner and outter conflict through increased understanding and the letting go of negativity. | Positive meaning projected into the future. |

| | | | |
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| Life/death | Once I came face to face with the possibility of dying soon and realizing I was afraid to die, I realized that the things that make life meaningful aren't the things I thought. I asked - do I really want to live or am I pretending I want to? I don't want to destroy my life by letting traumas devastate me. Cancer gave me a chance to ask "How do I want to live my life?" | Confrontation with death; accepting responsibility to choose wisely to give meaning to life. | Acceptance of mortality. |
| Self-esteem | My self-esteem is up. I could counter anyone coming down on me and telling me I'm no good. | Feeling of unity and strength; more positive self image and outlook. | Self confidence. |

**Evelyn**

Personal Information: Eveyln is 53 years old, married, the mother of three adult children, and employed in the field of education. She is also a free-lance writer. She was diagnosed with lymphoma in her neck about one year ago and underwent surgery and radiation therapy. Her disease is presently in remission.

Therapy Process: Evelyn developed a more postive self image and outlook on life through the course of therapy. Originally, she experienced an all-consuming negativity (i.e., hatred directed towards a co-worker). As she explored and found relief through forgiveness, a broader, more holistic perspective on life began to emerge with a corresponding understanding of the reciprocity of self-other relations. Her acceptance of responsibility for her life was related to the creation of new choices (e.g., taking a course to prepare for a new career) and a new meaning for her future (e.g., "it's important to me now to enjoy each day as much as I can").

During session one Evelyn described (a) her initial trauma following the onset of cancer (see Table 5) and (b) how her psychological reaction initiated a new search for meaning through the reactiviation of spiritual concerns. Evelyn joined the group, however, because of her need to work through emotional trauma:

> I had a horrible experience at work. It was cancer-related. A co-worker put me down because he

was trying to cover himself. I hate him for being so cruel, for hurting me so much. It looked like he enjoyed putting me down. I know what he was covering up at work. Why should I feel guilty? I was only doing my job. I shouldn't take the blame. It was so traumatic for me; it had such a profound effect on me. I feel that I may never be able to handle as responsible a job as I had before my illness. I need to do something about this situation.

Evelyn felt deeply hurt and wounded and directed her anger outward onto her co-worker since she perceived that he had caused the circumstances which led to her anger. She reported that she participated in forgiveness therapy because of need for relief from her tension and stress: "It's eating away at me and affecting my life in a very negative way. . . I have to overcome this." "This" - the co-worker situation and the stress, hatred and anger which have arisen from it may represent a more fundamental "this" - i.e., cancer. Personalizing the target for cancer-related anger provided Evelyn with a metaphor for her disease and a means to confront her cancer-related inner conflict through the resolution of her conflict with the co-worker.

Evelyn suffered from self-division in that she wanted, but was afraid to, resolve the co-worker issue. Her fear, perhaps of the unpredictability of the consequences of resolution, was avoided only until she could bear her hurt and anger no longer. She felt impelled to reconcile the

split:

> I know I can't conquer it on my own. I can't talk to my doctor about it. I'm so consumed by it I could lose my job. My self confidence and self-worth is almost gone. I really can't handle it. I want to forgive him, but I hate him so much for what he did to me, I can't.

Cognitive shift: In session three Evelyn began to shift her perspective - to construe her relationship with her co-worker in terms of its inherent reciprocity: to understand that she could make and exercise choice as to how to make the changes she needed and still maintain her integrity: "I didn't want to go to him to say 'sorry' since he wronged me." Evelyn construed her shift in world-view as a revelation (see Table 5, session 3). She went inside herself and decided that she wanted to forgive him in her mind in order to change the nature of their relationship. She exercised her choice to assume responsibility for a resolution of the conflict. She exercised the will to relieve herself of her negativity. She used forgiveness to do so. She was, however, still projecting and blaming "him" (cancer?) for the destruction of her self-esteem. She acknowledged her pain and emotional conflict. She experienced a lifting of her self-division and a clearing of her negativity. However, insofar as the resolution of her co-worker issue metaphorically represented a coming to terms with her disease, a critical intrapsychic change needed to

occur, and it did. During session five, Evelyn retroflected (Perls et al., 1951) her anger and guilt onto herself (see Table 5). Accepting responsibility for her feelings served to intensify the redemption and forgiveness she had experienced, and facilitated further personal growth. A growing awareness of the co-constitutionality of social relationships and a further release of negativity ensued. She expressed an understanding of a wider love than object love (Fromm, 1964): "I look at people in a more forgiving light." Evelyn appeared to apprehend the reciprocal nature of self-forgiveness and forgiveness-of-others. A change occurred in Evelyn's world-view. She saw her world with greater empathy and less judgement. The change was manifested in her interactions. She continued to become more interested in and supportive of other group members. She reported that she felt it was crucial to her life that she experience the enhancement of self-esteem that she felt by session six. She discussed the choices she was making in order to create a meaningful future:

> I'm getting ready to apply to management jobs. I'm getting my resume updated and taking some upgrading courses. I've decided I want to work at something more challenging and creative and I'm going to do it. I got this new hair cut to start to change my image. It feels great.

In considering the cancer/co-worker metaphor, Evelyn reported "he no longer has the power to upset me. . . .

instead of tension, I feel peace." Her internalized resolution of her outer conflict led to a more normal relationship with her co-worker: "I can say hello to him now." Her resolution of her inner conflict (i.e., feeling hurt, angry, guilty) led to a feeling of inner peace. Evelyn's acknowledgement of responsibility for her feelings, together with her experience of an inner calm, prefaced her direct confrontation with death (see Table 5, session 6). She admitted she was afraid to die, but that in confronting her death, she confronted the meaning of her life and asked herself whether she was pretending to live or was really living. She decided she was really living and resolved to make the most of her remaining life. She accepted her mortality and found herself infused with greater self-confidence and optimistic plans for her future.

During the follow-up interview, Evelyn reported that her self-esteem and sense of meaning in her life had been tremendously enhanced. She added that she seemed to understand people better and enjoyed being supportive of others. She confirmed that she had overcome her fear of death and said that because of it, she was able to prepare her property settlement and Will; something she had not had the courage to do before.

During the potluck dinner, she informed the group that she was in the process of writing a story for publication based on her experience with cancer and forgiveness. I hope the story is as successful as Evelyn's experience of

therapy.

**C. Existential Themes**

Independent of the varying levels of psychological development, self-awareness and worldliness represented by the co-researchers there were many shared issues. Each participant described personal concerns which revolved around the major existential themes (as they are delineated by Yalom, 1980): isolation-relationship, life-death, choice-responsibility, meaning-meaninglessness. These themes were areas of concern whether the crisis of having cancer was confronted and used as an opportunity for growth and maturation or whether it was avoided through passive, uncritical acceptance.

**Isolation-Relationship**

The participants in this study initially joined because of a need to release some sort of negativity in their lives - either interpersonal or intrapersonal. Evelyn, for example, forgave her co-worker after she directed her emotions inward and assummed personal responsibility for her feelings. Authoring her own resolution precipitated her acceptance of herself and others and her discovery of the reciprocal nature of relationships (see Table 5). Sam reached out of his isolation and withdrawal to find relationship with the therapy group and to feel safe enough to disclose his sense of aloneness and need for

connectedness (see Table 3). When difficulties in self-other relations were avoided so too were in-depth self examination and confrontation with isolation. Corey was very much aware of her isolation and viewed it to be, in part, related to her negative self image. Because of her fear of her negative feelings she resisted exploring either issue in depth to reconcile her aloneness.

Self-love was reciprocated with love of others or mature love (Fromm, 1956). Don forgave himself for the resentments he created from past stresses and cleared a block to unconditional regard for others. Because Don was deliberately working towards his goal to live in truth and feel love for his fellow person, the reciprocity in self-forgiveness and forgiveness-of-others was evident to him.

Lena also sought to be a "forgiving person" for the purpose of enhancing her own life and the lives of others.

All participants either experienced or developed awareness of the reciprocity of self-other relations. Halling's (1983) paper "Seeing a Significant Other 'As if for the first time'" describes the experience of understanding another as a "real" person "in his or her right" - a process which was experienced by all participants in this study, either intra or inter-subjectively, and which reflects the nature of reciprocity in relations. The five dimensions of the interpersonal encounter with "seeing a significant other" are related to the isolation-relationship

bi-polarity:

(a) surprise and wonder - "associations or expectations collapse in the face of some new reality" (Halling, 1983, p. 273). The cognitive shift encountered by the co-researchers created a new reality through which to construe themselves in their worlds.

(b) participation in the internal perspective of the other - this self-explanatory dimension was also experienced intrapsychically: Don's "other" was his ego, Lena's, her assertiveness, and Corey's, her divided self.

(c) recognition of separateness of the other - the intrinsic distance between people connects and draws them together (see Halling, 1983). When the participants of this study recognized themselves and others as separate (in isolation), undesirable parts of the self could be released or transformed (e.g., Don's false ego).

(d) movement of the self - there is a new awareness of the other person and a changed experience and perception of oneself. The past was re-evaluated; negative self-appraisal anteceded the capacity to really attend to the other person and thereby change one's self-understanding.

(e) hopefulness.

**Death-Life**

Yalom (1980) summarizes the relationship between life and death:

death and life are interdependent: though the

> physicality of death destroys us, the idea of death saves us. Recognition of death contributes a sense of poignancy to life . . .

The subject of death was discussed by each co-researcher either directly (e.g., Lena's discussion of near-death experiences) or indirectly (e.g., Corey discussing life and disability insurance). Lena, Don and Evelyn confronted their own personal mortality by developing the painful awareness and understanding of death's impending and inevitable finality. This done, their perspectives shifted and new meanings for life were created. Self-awareness, authenticity and personal growth were concerns which replaced trivial preoccupations. Life was affirmed and lived in the present with energy and enthusiasm.

Other participants avoided dealing directly with their own death and repressed or displaced a confrontation with it (e.g., Sam reported that he knew he'd survive). Corey, in her last session initiated the release of her denial of death and began to open herself to a confrontation with her negative feelings - to feel her hurt and sense of isolation - to open the door to reconciliation and the movement towards more positive emotions.

Certainly, fear of death is ubiquitous and many adaptive modes of coping are developed to reduce death anxiety, however, both Sam and Corey, who had difficulties working through their defensiveness, were the people who

complained of troubling emotional distress and unsatisfied relationship needs (e.g., Sam discussed his poor communication with his mother and Corey described herself as "manic-depressive"). Such complaints may result from the double-bind situation of being afraid of the fear of death or the fear of having cancer.

Halling's research (1983) supports the idea that "standing in the presense of death" (p. 132) is one situation in which people are likely to become more deeply aware of death:

> Death brings us to the realization that our time is limited, as is the time of those we love, and in the face of such urgency our inhibitions and reservations may dissolve (p. 132).

Halling also suggests that the imminence of death shakes the habitual roles and contexts that constitute our ordinary being together and that it often takes death or illness to disrupt the habitual ways of interacting with and perceiving each other. Cancer disrupted each co-researcher's habitual ways of interacting and each, to a different extent, found therapy useful to facilitate the restructuring of more meaningful and satisfying interactions.

Based on the experiences of the co-researchers, it would seem, however, that the pain and struggle in confronting death does enhance the potency, quality and meaningfulness of life (see Table 2, session 6; Table 4, session 6; Table 5, session 6).

**Choice-Responsibility**

> Helplessness and profound demoralization are often major problems in the treatment of patients with cancer. Cancer, perhaps more than any other disease fosters a sense of helplessness - patients feel unable to exert any personal control over their condition . . . patients with cancer feel they can do nothing but wait until the next cancer cell pops up in their body (Yalom, 1980, pp. 274-275).

The co-researchers who participated in this study were certainly not representative of cancer patients as they are described by Yalom. The high levels of responsibility-assumption by the co-researchers may be explained in view of the self-selection factor. The cancer patients who participated in this study chose to engage themselves in a program developed to facilitate sense of control by using forgiveness to release negative feelings. Responsibility was assumed and exercised in many ways:

1. By virtue of joining a group to explore the meaning of forgiveness in their lives, each co-researcher demonstrated an assumption of some responsibility for shaping life and participating in psychological healing.

2. The participants developed their responsibility of shaping their own group process by tailoring it to suit their own needs.

3. Lena, Don and Evelyn, who made the choice to be forgiving people, have taken on the responsibility to

forgive and become forgiving.

4. All members addressed their responsibility in connection with the etiology of their disease (e.g., stress).

5. All, to varying degrees, recognized a personal responsibility for feeling states (e.g., hurt) and were able to release unwanted negativity.

6. Those who assumed responsibility for their stand or attitude in life's situations felt more in control of their lives.

There were also situations in which responsibility was evaded:

1. The choice (whether conscious or unconscious) to displace responsibility for a negative feeling onto another person created an impasse to the effective relief of that negative feeling (e.g., Corey continued to view her ex-husband as her transgressor).

2. The avoidance of the responsibility for attitudes had the effect of holding self-reflection and self-awareness in abeyance (e.g., Sam's passive acceptance of her inertia).

Throughout therapy group members discussed their own responsibilities for living lives which would minimize the chances of relapse. Forgiveness was viewed as one means to relieve the tension and stress associated with hurtful feelings and with the onset of cancer; however, success with forgiveness was associated with acceptance of death. This may be explained by the view that the assumption of

responsibility for the release of negativity through forgiveness presupposes an assumption of responsibility for the authorship of the meaning and experiences in one's life. The denial of death and (in this study) the consequent anxiety, emotional distress and division in personality precluded an explicit, meaningful authorship of the present or the future. Forgiveness was therefore impeded when responsibility for the creation of meaning in life was limited by the denail of death (i.e., as for Sam and Corey).

Overall, those participants who assumed greater responsibility for their negative feelings released those feelings more successfully. Lena and Don assumed a high degree of responsibility for their confusion and divided selves and effectively let go of their cognitive control and intellectualization to open themselves to new meanings. Evelyn developed responsibility for her anger and hurt and the release of her negative feelings. Growth in Sam's sense of self awareness opened him to a more critical evaluation of his mother-son relationship and the consequent release of negative emotions associated with the relationship. Corey assumed responsibility for some negative feelings associated with her death and was then able to release her denial and open herself to the pain and fear in the experience of confronting death.

**Meaning-Meaninglessness**

The three preceding thematic areas could probably be subsumed under the fourth. To the degree that the individuals had confronted their isolation, their deaths, and their personal responsibilities for constructing their lives, they engaged in and created growthful and personally meaningful lives. Nonetheless, there will be times and events that are difficult and painful, but the commitment to continual growth in self-awareness and self-realization dramatically affects existence.

Considerable distress was reported by participants who had difficulty articulating clear meanings, goals and ideals for their lives - by those who had not constituted themselves and their worlds with a personally relative meaning.

**D. Role of Co-researchers**

The co-researchers had two roles in this research. They participated (i) as cancer patients who felt that a therapy program designed to release negative feelings through forgiveness would have personal therapeutic value, and (ii) as "co-researchers" who contributed to a greater understanding of the process of forgiveness through a willingness to offer their own experiences as data.

**E. Role of the Researcher**

The researcher conducted the entire study and was therefore responsible for the development of the therapy program, for the recruitment of participants, for participating in and leading group sessions and for collecting, analyzing and discussing the data.

An important role within the therapy setting was to balance the roles of co-participant, therapist and researcher.

When I bracketed my presuppositions in chapter 2 I explicated my own vested interest in this thesis. Having had cancer, experienced negative feelings associated with the disease, and used forgiveness to expiate some of my negative feelings, I was as much a participant looking to grow personally and expand my own understanding of forgiveness, death, isolation, relationship, responsibility and meaning in life as I was the leader of the therapy group and the researcher.

The therapy experience provided for me the opportunity to explore my own fear of death. I processed my confrontation with my own mortality at times parallel to the struggle of another at other times in response to a reported apprehension (e.g., Lena). It was a difficult process for me; however, I do feel that the meaning of my life is more clear. I have assumed greater responsibility for determining the course of my own life.

All of the participants, including myself, developed a greater and more personally relevant understanding of the nature of reciprocity in self-other relations. Two dimensions of this phenomenon became clear to me: (i) the reciprocity of self love and love of others and (ii) the reciprocity of loving others and being loved by them - love being what Fromm (1956) calls "mature love."

An important insight for me was to understand that forgiving another person does not necessarily draw a relationship closer together. When I developed the feeling of unconditional love for a person in my life, I released myself from an irrational obsession with my negative feelings and created a healthy detachment from him.

My greatest learning experience, however, was when, as researcher, I engaged in the phenomenological analysis and existentially-based discussion of the data. It was during these processes, in my attempts to unveil a meaninful understanding of each participant's lived-experience that I experienced a growth in my capacity to understand and empathize with others. Perhaps as I continue to develop as a person and a therapist the process of explicating what I sense implicitly in people will be enhanced. The analysis of the data in this thesis was an invaluable help in terms of developing that quality.

As group leader, I attempted to facilitate each participant's therapeutic process. Querying, probing, self-disclosure, and suggesting ideas occurred

spontaneously. Relaxation, visualization and affirmation exercises were preplanned and used as tools to catalyze the process of forgiving.

Although my role as group leader was clearly defined for the first three sessions, I began to feel more a participant than a leader when the group shaped its own course. Following the shift issues and concerns broadened in scope and seemed to be more authentic and deep. The therapeutic benefit may not have derived specifically from group leadership, however, it seems probable that it had a positive effect. Initially, my effort to lead may have distanced me from my own and other's lived experiences. I may have unwittingly neglected important aspects of the therapy process because of an existing conceptualization of what should have been taking place. I learned that a true phenomenological stance can only be assumed when there is dialectical interaction in shared-experience.

**F. Relationship between Co-researchers and Researcher**

We became a closely-knit group of individuals who co-constituted an experience. In the reciprocal opening and sharing of our lived-experiences we learned from each other, were frustrated by each other, and felt each other's pain and joy. The reciprocity of influencing and being influenced by the dialectial interplay of our interactions (a central theme in the forgiving process) was beautifully exemplified in the dynamics of our group. Each participant reported

having been affected by another participant's experience (e.g., Lena referred to Evelyn's "revelation" in terms of the comfort it provided her as she conceptualized her forgiving process; Sam reported that he felt good about Don releasing his resentment towards his mother because of Sam's disclosure).

We viewed one another in a manner which reflected that "I-thou" relationship discussed by Buber (1965). In such a relationship of subject with subject there is a "directness, intensity and ineffability" (Buber, 1965, p. 12). Everyone expressed a good feeling about knowing others and being known by them. The group has decided to continue to meet occassionally; Evelyn took on the role of social convenor.

**G. Forgiveness**

The essential nature of the forgiving process in group therapy with cancer patients has been discussed. Similarities and differences in the process are summarized:

The pattern which emerged from the abstracted data is conjunctive, however each individual's experience focused on a different aspect of the pattern and each individual experienced a different meaning in and satisfaction from the process.

Lena and Don focused on the cognitive shift component, Evelyn concentrated on the release phase, and Sam and Corey's experiences revolved around their emotional issues associated with cancer.

Overall, the degree of satisfaction and shift in world-view resulting from the experience was related to the extent to which one sought personal meaning and engaged in the process. Lena admitted she had become obsessed with her drive to understand and use forgiveness. Her quest to be a "forgiving person" seems to have been integrated into her personality and radically altered her world-view. For Lena, forgiving is a life-long process which has the power to enhance relationships and self-esteem and bring about peace. Her beliefs are very much in accordance with Jampolsky's ideas.

Don perceived forgiving as one way to self actualize - to allow him to realize his potential, truthful self. His experiences with forgiveness involved feelings of honesty, peace and enhanced self-esteem.

Lena and Don's experiences were both outward-reaching. - intersubjective in nature - inclusive of the sense of a co-constituted world.

Evelyn viewed forgiveness in terms of its function in her life. Forgiving relieved her of devastating negativity and she believed forgiving was "very strong and powerful and could also be used to prevent resentments and anger ." After having forgiven one individual so successfully Evelyn's self-esteem and confidence were greatly enhanced. Evelyn's was a more internal, personal experience than Lena's or Don's.

Sam and Corey seemed to engage themselves the least and consequently explored and utilized forgiveness very little. Perhaps it was necessary for them to first develop greater self awareness and to grapple with some existential questions to prepare themselves to confront forgiveness.

**Relaxation, Visualization and Affirmations**

All participants enjoyed the experiential exercises and considered them useful. Relaxation was viewed to be particularily useful for stress relief. Sam for example predicted "I'll be able to use relaxation when I start getting stressed and nip it in the bud - maybe that will help me, so I don't get cancer again." Corey and Evelyn also praised the value of relaxation to calm their minds and bodies.

The individuals who had less success with forgiving reported the most benefit from relaxation: Lena and Don mentioned that they had enjoyed the exercises and would use the tecnniques in the future, but their value was not emphasized. Perhaps the therapeutic value of relaxation, and visualization and affirmations too, is contained in the higher-order process of becoming-forgiving.

## V. Final Discussion

The goal of the present research was to explore the experience of forgiveness therapy as it was lived by five cancer patients. Phenomenological methodology was used to describe the meanings of participants' lived-experiences and thereby derive thematic existential patterns. This chapter presents a summary of the analyses of the experiences of the five co-researchers and then abstracts a general overview from the summary. A brief discussion of how this research project affected the author's lived-experience follows. A discussion of the relationship of the findings to existing literature and previous studies is then presented. The author makes suggestions for future research in the area and discusses the relevance of the study for psychotherapy. Recommendations are also made for the continued usage of forgiveness therapy.

### A. Summary of Therapy Process

The journey through therapy, the process of expiating negativity associated with cancer, began with the discussion of the psychological reaction and emotional trauma which followed diagnosis of the disease. Lena, Don and Evelyn accepted the news of their diagnoses and consequently, their possible imminent deaths. The acceptance reaction was not immediate but transpired within six to eight months following diagnosis. Their psychological reactions involved: (i) the creation of meaning in new circumstances (Lena),

(ii) an introspective search for self (Don), and (iii) the reactivation of a search for meaning in religion (Evelyn). The emotional trauma was precipitated by a consuming and debilitating sense of negativity, characterized by hurt, anger or guilt. Sam and Corey tended to avoid a confrontation with their diseases and consequently their deaths; their psychological reaction was related to the need to understand themselves better and their emotional trauma focused on hurtful feelings derived from critical self-evaluation - Sam of his passivity and Corey of her divided self.

A cognitive shift or change in world-view correlated with a broader, more holistic understanding of their situations, a deeper sense of self-awareness, a growing understanding of existential issues (e.g., isolation-relationship, life-death) and an apprehension of the reciprocal nature of self-other relations.

A release of previous ways of being-in-the-world followed: Lena and Don released "intellectualization" with the view to opening themselves to a more primordial or transcendent experience of forgiveness. Evelyn released her negativity by forgiving a co-worker. Sam released his suppression of his negative emotions and experienced cathartic benefit from self disclosure. Corey let go of her denial of her personal death.

Acceptance of a new way of being-in-the-world followed: Lena accepted the new meaning she created for her life. Don

accepted his self-determining future. Evelyn accepted her self. Sam accepted his capacity to work through negative feelings. Corey accepted her need to face her own mortality.

All participants considered the "pivot point" to have been the cognitive shift. It was a necessary antecedent of the consequent release and acceptance experiences described above. Osborne (1982) summarizes a position of Watzlawick and associates: "the way the client frames her/his problem is the problem (her/his world-view)" (p. 273) - a comment which succinctly describes the pre-pivotal experience of the co-researchers in this study.

**B. Characteristics of the Experience of Therapy**

A more general, meta-level portrait of forgiveness can be abstracted from the above summary:

Forgiveness is the process of expiating negative feeling states which impede self-other awareness. Whether the process is or is not related to a major structural change in personality (Lena vs. Sam), or a profound or virtually insignificant change in world-view (Evelyn vs. Corey) a common pattern inheres in the process. The conjunctive pattern was shared by all participants in this study but was manifested differently for each individual. The process of forgiveness followed the pattern of:

1. Initial trauma following the diagnosis of cancer.

2. Confrontation with cancer and personal existential questions.

3. Psychological reaction to disease (i.e., the effect the disease has on how the remaining life will be lived).

4. Emotional trauma associated with the disease and the existential issues which emerged with the confrontation of the disease (e.g., isolation-relationship, life-death, choice-responsibility, meaning-meaninglessness).

5. Cognitive understanding of the need for release of consuming or hurtful negativity.

6. Cognitive shift in understanding of self and world.

7. A letting-go of a previous way of being-in-the-world.

8. An acceptance of a new way of being-in-the-world.

This pattern was based on the commonalities in the experiences of only five people and can not be generalized across the entire population of cancer patients; however, the experiences of the co-researchers clearly indicated that there was hurt, anger, and guilt associated with living with cancer and also a need to release such feelings in order to enhance the quality of the remaining life to be lived.

The process was transformational - a changed world-view containing the promise of enhanced meaning for life was experienced by all participants - more so for those who engaged their existence more intensively.

A diagnosis of cancer is a sudden call to confront the meaning of one's life. It brings to the forefront of one's existence the imminence of death. Confronting death initiates the choice to assume responsibility for a

meaningful life within one's remaining life-span. Once mortality is contemplated and acknowledged, the meaning of isolation and appreciation of relationship become significant concerns. When the choice is taken to assume responsibility for relationships (whether intimate, friendly or adversary), one is compelled to assume responsibility for the quality of that relationship because of the acknowledgement of the reciprocity inherent in it.

A diagnosis of cancer brings into focus the issues of mortality and the creation of meaning in life. Struggling with forgiveness involves a focus on relationship and responsibility. Four of the co-researchers reported enhanced self-esteem and self-confidence upon recognizing their capacity to influence a relationship positively by working through an issue related to it. The process revealed however that it was necessary to confront and work through the negative feelings related to that relationship (e.g., hurt, anger) in order to affect a reciprocal benefit.

**C. My Lived-experience and the Present Research**

The present study has had a profound effect of the meaning of my life with respect to my cancer, my death and my relations with others. The processes of the participants validated, to a large extent, my own experience with the disease. Initially, upon diagnosis, I reacted with concerns about my isolation in life and the possible imminence of my death. I questioned the meaning and purpose of my remaining

life. When I researched the area of cervical cancer and learned that my cancer was "curable," I suppressed my existential issues and focused on the negative emotional states which had developed (e.g., anger, resentment - as discussed in Chapter II). Conceptualizing and carrying out this research gave me the opportunity to confront the existential questions I had avoided and thereby release some of my fear of death and isolation. I feel that I am moving towards an acceptance of myself in terms of my existential realities.

I have come to understand more clearly the relationship between my disease, my body and my intimate relationship. I also have a more expansive view of the effect of the disease on my relationships in general. The effect of the research currently is that I have disengaged from mutually-unhealthy relationships and engaged with a new-found vigour in the relationships I've committed myself to. I've also come to understand that I am responsible for my feelings and also for the release or resolution of unhealthy ones. My world-view changed. My understanding of co-constitutionality - of the reciprocal nature of relations and feelings - has been tremendously enhanced.

Although the research was difficult emotionally and brought up painful memories for me, it helped me to clarify the reciprocal nature of my relationships and liberated me from suppressing my fear of death. My life has been energized - although I feel my negative emotions more

deeply, I feel my positive emotions with a new intensity.

**D. Relationship to Literature and Previous Research**

The majority of the literature and research on psychotherapy for cancer patients is concerned with interventions and techniques hypothesized to improve physiological functioning to extend life (e.g., Hall, 1983; Pelletier, 1979; Seyle, 1956) or to prolong and enhance life (e.g., Simonton et al., 1978, Cousins, 1983). The focus is upon techniques which improve immune functioning, reduce tumor size, and/or reduce stress and anxiety. Natural scientific methodology is more applicable to and has been used in the studies measuring the effects of a specific intervention, such as visualization; on diseased physiology, such as tumor size (e.g., Hall, 1983; Sachs, 1980, Simonton & Simonton, 1975).

A growing body of literature speaks to the importance of therapy whose intent is to enhance the meaning of life by facilitating personal transformation or change in world-view (e.g., Hogben, 1984; Jampolsky, 1985, 1983; Moss, 1981, Siegel & Siegel, 1984). Research into the psychotherapeutic process and effect of transformation is scant - largely due to the hegemony of the natural scientific method in psychology. It is difficult, if not impossible, to measure and quantify constructs which have been operationalized to define variables in a transformational process or to determine a cause-effect relationship between treatment and

outcome. The dearth of research into the process of forgiving can be explained by the same rationale.

The phenomenological method of human science research is, however, well-suited to the study of forgiveness and its value in psychotherapy. The findings of this study support many of the general ideas related to psychological and spiritual healing advanced by Cousins (1983), Hogben (1984), Moss (1981) and Siegel and Siegel (1984):

Cancer patients do experience and have a need to expiate many negative feeling states associated with their disease. Emotions such as fear, anger, hurt and guilt are generated by a diagnosis of cancer. The process of relieving negativity can be transformational and energizing. It is a life-journey; it does not begin and end in a specific therapeutic program but it may be catalyzed during therapy. Relaxation, visualization, affirmations and journal-keeping are helpful "tools" to facilitate the release of negativity.

Cousins, Hogben, Moss and Siegel and Siegel write of the attitudinal-spiritual healing in global, abstract terms. They do not suggest any specific means to facilitate healing nor have they scientifically studied the process contemporaneously or retroflectively.

Jampolsky suggests that forgiveness is the means to a new reality because it clears negative attitudes by releasing other people from judgement. The phenomenological research of Halling et al. (1985) validates this view. Jampolsky's work focuses on the consequences of the process

- the positive feeling states. He does not consider the structure of the process. Halling et al.'s structural description of forgiveness is based on the retrospective views of co-researchers and focuses on the nature of uplifting feelings following the release of tension.

The findings of the present study both support the concepts of Jampolsky and findings of Halling et al. and add to the knowledge in the area by introducing aspects of the process not considered by previous authors or researchers - aspects which have meaningful implications for therapy.

The description of a shared pattern in the process of forgiving suggests that forgiveness, as it relates to cancer, is a process and not simply a "release." Although the release was the liberating, peace-generating component, the lived-experence of forgiving involved a struggle with intense negative emotions. Confusion, hurt and pain needed to be felt and acknowledged as consuming, devastating or horrible. The intensity of these negative emotions seemed to be the driving force for the movement of the process. When they were denied or avoided the process did not culminate in a significantly expanded world-view and release (e.g., Corey). Also, self-other awareness seemed to be prerequisite for addressing existential questions which could lead to reconciliation and a more expansive, holistic world-view. The release then opened the psyche and spirit to more positive feelings and the creation of new meanings.

Mountain-climbing elucidates the journey metaphorically. The way up is rocky and perilous; each step upward takes one closer to the top, but the peak is obscured by a cloud and there is no way of knowing what the world is like on the other side of the mountain, or whether there is a world there - climbing up is climbing to an "unknown" after which life will have to be reinterpreted. The force which impels a continued climb is the discomfort in remaining on the same side of the mountain, although to settle on a ledge half way up is also a choice that can be made.

Jampolsky (1985, 1983) suggests that forgiving instills a sense of benevolent control in relationships and a concomitant "loving attitude." The findings of this study support his view and add to the understanding of it by clarifying the means to that end. Understanding the reciprocity of self-other relations was a part of the process of forgiving emphasized by all co-researchers. The definition of existence in a social world took shape as part of the apprehension of the reciprocal, interactional nature of relations with the world. The idea of reciprocity was crucial to the unconditional acceptance of self and others. It is this author's belief that forgiving is more life-enhancing for cancer patients when the existential questions raised by the onset of cancer and the feelings related to interpersonal negativity are openly and directly confronted. The apprehension of reciprocity in relations

inheres in that process.

**E. Furture Research**

The findings of this research have implications for future research. Additional studies are indicated to validate the results of this investigation and to explore their reliability with different groups of co-researchers.

It would be interesting to investigate the process of forgiving with a more homogeneous group of cancer patients to see whether the same pattern and themes would emerge (e.g., a group of individuals who had previously undertaken individual therapy and had worked on the reconciliation of emotional trauma).

There was agreement among participants in this study that growth in the understanding of the reciprocal nature of self-other relations was a critical dimension of their experiences. The understanding that we co-constitute our relationships - that relations co-exist by reciprocal implication, was essential to the forgiving process. The sense of being acted upon by and acting upon others in a forgiving way generated a "loving attitude" (Fromm, 1956). Loving unconditionally was a part of the meaning of being forgiving. Such mature love was born out of the apprehension that we are all subjects contextualized in our worlds - that we all exist in what Buber (1970) calls an "I-Thou" (subject-subject) relationship with our worlds (which contain each other). This notion of co-constitutionality -

of people inseparable from their worlds, makes clear the untenability of a fundamental tenet of the medical model - the person-world or subject-object split. We have two individuals and their relationship; neither makes any sense without the other. The relationship between co-constitutionality and forgiveness is not emphasized in the literature. Research could be conducted to extend an understanding of the relationship between these phenomena.

The data in this study support the interrelated concepts of umwelt (world of body), mitwelt (social relations) and eigenwelt (self-concept) as they are discussed by Keen (1978). Specifically, the findings indicated that the way in which the eigenwelt (being a self) was construed affected and was affected by the mitwelt (being with others) and the umwelt (being a body with cancer). Don, for example, changed his view of himself (his eigenwelt) from sickly to well with the view that the change in self concept would improve the conditions of his umwelt (the disease in his body) and his mitwelt (his relations with others) (see Table 2). The data also revealed that the way in which an individual related to cancerous, surgically removed or radiated parts of their bodies (the umwelt) influenced their self-concepts which in turn influenced their social relations (mitwelts) which, in turn, influenced their self-concepts. Corey, for example, was concerned about the effect of her missing breast in terms of relationships with men (see Table 1). A study which looked specifically at

the interdependent nature of the concepts of umwelt, mitwelt and eigenwelt with cancer patients would be illuminating.

Research into the use of forgiveness therapy with cancer patients together with their families is recommended.

A study of the use of forgiveness therapy with other client populations would also add to an understanding of the structure of the phenomenon.

A study in which forgiveness therapy was undertaken with co-researchers individually, or in combination with group experience, would also contribute to an understanding of the process.

A study containing a longer therapy program would probably enhance the understanding of the forgiving process. It was during the last two sessions in this study that participants began to explicitly discuss the relevance of forgiveness to their spirituality. An additional three or four sessions might extend the process more fully.

Questions generated by this research could be tested:

(1) Does the confrontation with existential themes relate to the capacity to forgive?

(2) How does forgiveness therapy compare with another form of therapy which aims to enhance the quality of life?

(3) What personal constructs correlate with success with forgiveness?

(4)What aspects of the forgiving process are most instrumental in facilitating forgiveness?

(5) Do relaxation, visualization and affirmations facilitate forgiveness?

(6) Is there any relationship between forgiveness therapy and the benefits reported by participants?

**F. Implications for Psychotherapy**

The findings of this study strongly support the therapeutic value of forgiveness for cancer patients. No contraindications were evidenced by this research. Continued and extended usage is recommended.

This author suggests that relaxation, visualization affirmations, and journal-keeping are valuable "tools" and have the potential to help facilitate the release of negativity and the process of forgiving. These tools may also be valuable in helping clients who are confronting existential questions (e.g., suggest to clients who are psychologically ready, to visualize their own deaths).

This author recommends the use of forgiveness therapy with cancer patients and their families, as well as with any client population. Co-researchers with cancer were selected for this study because of my belief - supported by the literature - that cancer in itself generates a lot of negative feelings; however, of course many of life's encounters are hurtful and forgiveness can be used to reconcile many negative feelings. The findings of this study indicate that it is effective in expiating inter and intra-personal conflicts, in fact this study indicated that

forgiveness can be very effective when one is working on the release of self-directed negativity (e.g., Don's experience, Table 2).

Counsellors working with forgiveness in therapy should be prepared to deal openly, honestly and directly with some very painful existential realities.

Individual therapy is recommended for any person having difficulty processing forgiveness in a group setting so that therapy can be adapted to the specific needs of that individual.

Generally, the term "forgiveness" connotes a specific meaning generally associated with Christianity. This researcher did not impose any religious connection with the process; initially, forgiveness was understood as a means to relieve negative feeling states. The process which evolved concentrated on the confrontation of existential issues and the working through of negative feelings and digressed considerabely from the meaning of forgiveness in its biblical context. Given that the process was shown to have such therapeutic value, it would be unfortunate if it were not considered for use by therapists or with clients with no or other religious affiliations. Overall, the term forgiveness may shut out rather than engage therapists and clients. This author therefore suggests that the term "forgiveness" be downplayed if necessary.

**G. Conclusion**

This study contributes to knowledge in the area of psychotherapy by describing a shared pattern of themes in the experience of forgiving in therapy. The lived-experiences of five cancer patients suggest that the therapeutic program employed was valuable and relative to an improvement in the quality of their lives. The reported benefits of the therapy process - enhanced self-esteem and self-awareness, more peaceful feelings, acceptance of self and others, and sense of unconditional love - support the concepts in the extant literture. The findings which revealed the foci within the process, i.e., (a) confrontations with the existential themes of isolation-relationship, life-death, choice-responsibility, and meaning-meaninglessness; and (b) working through trauma and negative feelings, contribute to a further understanding of the need for and nature of forgiveness in psychotherapy with cancer patients.

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## VI. Appendix A

SESSION ONE

1. Lecture: Brief overview of theories which explain holistic approach to mind-body-spirit interaction. Discussion of the value of psychological programs as supplements to medical interventions.

2. Exercise: Bresler's Conditioned Relaxation technique.

3. Discussion: To be casual, open-ended and group led.

SESSION TWO

1. Lecture: Forgiveness defined according to Jampolsky, Simonton, Hogben and Halling. Explication of concepts.

2. Exercise: Relaxation followed by visualization exercise focused on overcoming a grievance.

3. Discussion: Casual, open-ended and group led.

SESSION THREE

1. Lecture: How attitudes heal. Forgiving is a great healer.

2. Exercise: Ray's Affirmation technique. Affirmation exercise using pen and paper.

3. Discussion: Casual, open-ended and group led.

SESSION FOUR

1. Lecture: The role of love in forgiving. Love sees every one as blameless and releases guilt.

2. Exercise: Affirmation for loving someone who is being forgiven and relaxation and visualization of loving.

3. Discussion: Casual, open-ended and group led.

SESSION FIVE

1. Lecture: Choosing peace rather than conflict. Forgiving creates an inner calm. Confusion and fear are released.

2. Exercise: Affirmation for choosing peace. Visualization of releasing confusion and feeling peace.

3. Discussion: Casual, open-ended and group led.

## VII. Appendix B

To Cansurmount member:

I am in the process of writing a thesis for a Master's degree in counselling psychology. I have had cancer myself and found, following the diagnosis, that I became more negative in my attitudes. I felt angry, guilty, and helpless - my situation felt hopeless. I needed a way to relieve such hurtful attitudes and found something of great help: I began to forgive people for whom I felt a grudge or resentment (in my case it was myself!, my friends, my parents). I found that it had a healing effect for me, and now, really seems to be cleansing me of my negativity and giving me a sense of control over and power in my life.

Having had such a positive experience with the healing power of forgiveness, I developed a program appropriate for group session. It's called "Forgiveness Therapy." The conceptual framework is completely independent of religion, but, since forgiveness itself is considered more of a theological than a psychological concern, it does have a spiritual dimension. The content of the program is based primarily on the work of Gerry Jampolsky who directs the Centre for Attitudinal Healing in Tiburon, California. There is a therapy outline attached for your perusal. As you can see, the program involves the use of relaxation (resting of body and mind), visualization (using mental images), and affirmations (positive thoughts) as techniques which

facilitate forgiveness and which can be used in many areas of your life.

So, you ask - What's in it for me? This type of program does not, of course, appeal to everybody. If, however, you are the kind of person who wants: 1) to release negative attitudes which block your life affirming, positive attitudes, 2) feel that the quality of your life can be enhanced, and 3) are willing to use the power of forgiveness to achieve these aims, I believe the program has the potential to be of tremendous value for you. Jampolsky believes that it has the power to transform attitudes to facilitate the growth of control, power, peace and love in life. I believe it too.

So, now perhaps you're wondering - What do I have to contribute. Well, the program is free of charge; however, because the purpose of the study is to describe what it is like to forgive grudges and resentments, using relaxation, visualization and affirmations, each participant must make the commitment to come to each of the 5 sessions, to keep a record of the experience (something like a diary), and to participate in two individual interviews with me - one before and one after the program. This study is a phenomenological study - this means that the researcher and participants (coresearchers) <u>together</u> come to understand the phenomenon under investigation. I will need your help to understand the healing power of forgiveness: it's a kind of study in which we are all involved together - as equals.

The program itself will run for five (5) weeks - Tuesday evenings for two hours, 7:30 to 9:30 at the University of Alberta, Education clinic. The interviews before and following the program will each take 1/2 to 1 hour. The program will start on October 8 and run until November 12 (inclusive). There will be between 5 and 8 people in the group.

The experience should be of great value to all of us. Please call me, Lynda Phillips, at 432-3746 (daytime) or 424-1807 (evenings). Thanks.

Lynda Phillips
Student Clinician
University of Alberta

## VIII. Appendix C

(Please refer to original sources for complete descriptions of the following exercises.)

1. Bresler's (1984) Conditioned Relaxation Technique (abbreviated).

Begin the exercise with a "signal breath." Exhale. Take a deep breath in through your nose . . then blow it out through your mouth. You will notice a tingling sensation. This is a message to your body that will become associated with relaxation. Soon, simply taking the signal breath will produce the same degree of relaxation that you'll get by completing the entire exercise.

Breathe slowly and deeply. Allow the tension to melt away with each breath. One. Two. Three. Close your eyes slowly. Breathe slowly and deeply. Let these feelings of gentle relaxation radiate all around your eyes and out to your forehead - to your scalp - around the back of your head - to your ears - cheeks - mouth - chin. Let all the tension flow out of your face.

Remember your breathing. Slowly and deeply.

These types of suggestions are slowly spoken until the entire body is in a state of relaxation. To end the exercise, suggest that the nice gentle state of relaxation can be achieved any time simply by taking the signal breath.

2. Simonton, et al's Visualization Tecnhique for Overcoming Resentment (abbreviated).

(a) Create a clear picture in your mind of the person toward whom you feel resentment.

(b) Picture good things happening to that person. See him or her receive love or attention or money, whatever you believe that person would see as a good thing.

(c) Be aware of your own reactions. If you have difficulty seeing good things happening to the person, it is a natural reaction. It will become easier with practice.

(d) Think about the role you may have played in the stressful scene and how you might reinterpret the event and the other person's behavior. Imagine how the situation might look from the other person's point of view.

(e) Be aware of how much more relaxed, less resentful you feel. Tell yourself you will carry this new understanding with you.

3. Simonton et al's (1978) Strategy for Contacting an Inner Advisor (abbreviated).

Let your mind become quiet and still. Imagine yourself in a special inner place of beauty and serenity. Invite your inner advisor to join you in that place. Allow an image to form which represents this advisor - the oldest, kindest, wisest part of you. It may be a familiar or a brand new image to you. Accept your advisor as it appears, as long as it seems wise, kind, and compassionate. Tell it about your present involvement in forgiving. Your advisor can help you as your require help. Silently voice your concerns, ask your questions and listen for your advisor's response. It wants

to help you.

4. Jampolsky's (1981, 1983) Active Imgination Techniques for Releasing Hurt and Anger (1981, 1983).

(a) Fill a garbage can with the resentment or injury, attach a helium balloon and watch it float out of sight. This can allow the mind to concentrate longer and go deeper into loving.

(b) Imagine a white healing light shine down on the event which created the resentment. Watch it surround and dissolve it until there is nothing left but this light. Allow peace to be regained and the light to heal negative attitudes.

(c) Picture a wall and let it represent a source of your resentment. On this wall paint a door and hang a red exit sign above it. Walk through the door. Imagine yourself in a place where you have no worries and you do only what you enjoy to do. When you leave your retreat, take a new found sense of release from the past.

5. Ray's (1980) Affirmation Exercise (abbreviated).

Affirmations will bring up all the negative feelings and thoughts stored deep in your consciousness so you can have the opportunity to discover what is standing between you and your goal.

On a sheet of lined paper, write your affirmation (e.g., I forgive Joe for hurting me). Next to the affirmation write the thought or feeling that you experienced (e.g., No, I hate him). Again write the

affirmation and the thought or feeling. Continue to write the affirmation and your response to it until you have cleared out your negative responses and write a neutral or positive statement.